EXAMINING THE POWERFUL IMPACT OF INVESTMENTS IN EARLY CHILDHOOD FOR CHILDREN, FAMILIES, AND OUR NATION'S ECONOMY

HEARING

BEFORE THE

COMMITTEE ON THE BUDGET HOUSE OF REPRESENTATIVES

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EXAMINING THE POWERFUL IMPACT OF INVESTMENTS IN EARLY CHILDHOOD FOR CHILDREN, FAMILIES, AND OUR NATION'S ECONOMY

WEDNESDAY, JULY 20, 2022

House of Representatives Committee on the Budget Washington, DC.

The Committee met, pursuant to notice, at 10:30 a.m., in Room 210, Cannon Building, Hon. John A. Yarmuth [Chairman of the

Committee] presiding.

Present: Representatives Yarmuth, Higgins, Horsford, Lee, Chu, Plaskett, Scott, Jackson Lee, Moulton; Smith, Moore, Grothman, Jacobs, Burgess, Cline, Boebert, Donalds, Feenstra, Good, and Carev.

Chairman YARMUTH. The hearing will come to order. Good morning and welcome to the Budget Committee's hearing on "Examining the Powerful Impact of Investments in Early Childhood for Children, Families, and our Nation's Economy."

At the outset I ask unanimous consent that the Chair be authorized to declare a recess at any time.

Without objection, so ordered.

Before I begin, I would like to welcome the newest Member of the Budget Committee, representing Utah's First District, Blake Moore. Blake, I heard you're a father of four, so perhaps it is fitting that the first hearing on the Budget Committee is about the investments we should make in our nation's children. We welcome you and the Committee is happy to have you here.

Now I will start by going over a few housekeeping matters. The Committee is holding a hybrid hearing. Members may participate remotely or in person. For individuals participating remotely, the Chair or staff designated by the chair may mute a participant's microphone when the participant is not under recognition for the purpose of eliminating inadvertent background noise. If you are participating remotely and are experiencing connectivity issues, please contact staff immediately so those issues can be resolved.

Members participating in the hearing room are on the remote platform, are responsible for unmuting themselves when they seek recognition. We are not permitted to unmute Members unless they specifically request assistance.

If you are participating remotely and I notice that you have not unmuted yourself, I will ask if you would like staff to unmute you. If you indicate approval by nodding, staff will unmute your microphone. They will not unmute your microphone under any other conditions.

I would like to remind Members participating remotely in this proceeding to keep your camera on at all times, even if you are not under recognition by the chair. Members may not participate in more than one committee proceeding simultaneously.

If you are on a remote platform and choose to participate in a

different proceeding, please turn your camera off.

Finally, we have established an email inbox for submitting documents before and during Committee proceedings, and we have distributed that email address to your staff.

Now I will introduce our witnesses.

This morning we will be hearing from Dr. Maureen Black, a distinguished fellow in early childhood development, RTI International, and a professor in the Department of Pediatrics at the University of Maryland, School of Medicine.

Mr. Rasheed Malik, the Senior Director for Early Childhood Policy at the Center for American Progress. And the Honorable Newt Gingrich, the Former Speaker of the U.S. House of Representa-

tives.

At this time I would like to recognize Ms. Lee to introduce our final panel—oh, she is on the phone? Wait a minute. Do you want Ms. Lee to recognize and introduce her constituent? She is on the phone.

Well, when she comes back, we will let her introduce Dr. Hoynes,

who is our fourth witness.

Once again, I want to welcome all of our witnesses here today. Thank you for joining us.

And I will now yield myself five minutes for an opening state-

Good morning. I want to welcome our witnesses and thank them for appearing before our Committee today. One of our witnesses is a notable veteran of this chamber. Speaker Gingrich, we are glad to have you back with us.

This hearing is about the importance of investing in our nation's children. It should be a concern to everyone on this Committee that while the U.S. is the wealthiest nation in the world, we are among the stingiest nations when it comes to funding for our children, and it shows. Despite having the highest rated education system in the world, U.S. students consistently score lower in math and science than students from many other countries. It is no coincidence that just as U.S. education rankings have decreased by international standards over the past three decades, so have our federal investments in children. While the American Rescue Plan and recent appropriations bills have helped to reverse this troubling trend, there is much, much more work to be done.

Supporting our youngest Americans is one of the most concrete ways we can set our nation up for success. We call these programs investments because they pay off, literally, for children, for their families, for our society, and for our economy. For example, participation the Special Supplemental Nutrition Program for Women, Infants, and Children, more commonly known as WIC, leads to fewer premature births, fewer infant deaths, and healthier babies. WIC saves lives, but it also pays other dividends. For every \$1.00 spent

on WIC results in approximately \$2.48 in reduced medical costs

and productivity gains.

The Supplemental Nutrition Assistance Program, or SNAP, not only provides healthy food to 44 million children, it also gives an important boost to local communities during downturns. Each SNAP \$1.00 generates more than a \$1.70 of economic activity, supporting jobs and local businesses.

Tax policies have also proven successful in reducing poverty while generating enormous returns for local economies. The expanded child tax credit, which Democrats enacted last year as part of the American Rescue Plan, and did so without a single Republican vote, lifted 3.7 million children out of poverty in 2021 alone.

Another investment that generates enormous returns for kids and for our economy is childcare. Study after study has found that enrollment in high quality programs improves kids' school readiness, college attendance, and health outcomes and reduces their likelihood of future criminal activity. Access to childcare clearly can have long-lasting positive impacts, but it remains far too expensive for far too many American families. In fact, the cost of childcare has doubled in the past 30 years while real wages have remained nearly flat. This puts many parents in the position of having to stay at home to care for their children when they would prefer to be working and building a stronger economic future for their families. As a result, the lack of affordable childcare leads to economic losses between \$500 million and \$3.5 billion in each state every year.

This is an area where we can make an enormous impact for American families. We know the problem, we know the solution. What we are lacking is the bipartisan support needed to get it done.

This would be a typical problem in a closely divided Congress, but this is no longer a typical time in the political history of the United States. Everything changed on June 24 when the Supreme Court ruled in Dobbs v. Jackson. Roe v. Wade is no longer the law of the land. This is what Republicans have long sought and fought tooth and nail for, but now what? They celebrated the Dobbs decision, but they want to cut programs that help women afford the care needed to have a safe pregnancy, birth, and post-partum recovery. If given the chance, Republicans would defund Medicaid, SNAP, TANF, and other programs that help mothers and children stay healthy and keep them from going hungry. They have no plan for our childcare crisis that will now undoubtedly get worse.

Republicans want to cut education funding when schools will need more. If every life were truly sacred in this country, we wouldn't be having a hearing about programs to keep mothers and their children healthy, fed, and cared for, we would be fully fund-

ing them.

The thing is we know these policies work, we know how critical these investments are for the health of our children, the health of our society, and the health of our economy. And now we know we will need them even more. Investing in our children is the right thing to do, it is the smart thing to do, and it is the most important investment we can make in the future of our country.

With that, I would like to yield to the Ranking Member, Mr. Smith for five minutes for his opening statement.
[The prepared statement of Chairman Yarmuth follows:]

Chairman John A. Yarmuth Hearing on How the American Rescue Plan Saved Lives and the U.S. Economy Opening Statement June 14, 2022

Good morning. I want to welcome our witnesses and thank them for appearing before our committee today. One of our witnesses is a notable veteran of this chamber — Speaker Gingrich, we are glad to have you back with us.

This hearing is about the importance of investing in our nation's children. It should be a concern to everyone on this Committee that while the U.S. is the wealthiest nation in the world, we are among the stingiest nations when it comes to funding for our children.

And it shows: despite having the highest-rated education system in the world, U.S students consistently score lower in math and science than students from many other countries. It's no coincidence that, just as U.S. education rankings have decreased by international standards over the past three decades, so have our federal investments in children. While the American Rescue Plan and recent appropriations bills have helped to reverse this troubling trend, there is much more work to be done.

Supporting our youngest Americans is one of the most concrete ways we can set our nation up for success. We call these programs investments because they pay off — literally — for children, for their families, for our society, *and* for our economy.

For example, participation in the Special Supplemental Nutrition Program for Women, Infants, and Children — more commonly known as WIC — leads to fewer premature births, fewer infant deaths, and healthier babies. WIC saves lives, but it also pays other dividends. For every dollar spent, WIC *also* results in approximately \$2.48 in reduced medical costs and productivity gains.

The Supplemental Nutrition Assistance Program — or SNAP — not only provides healthy food to 44 million children, it also gives an important boost to local communities during downturns. Each SNAP dollar generates more than \$1.70 of economic activity, supporting jobs and local businesses.

Tax policies have also proven successful in reducing poverty while generating enormous returns for local economies.

The expanded Child Tax Credit — which Democrats enacted last year as part of the American Rescue Plan and *did so without a single Republican vote* — lifted 3.7 million children out of poverty in 2021 alone.

Another investment that generates enormous returns — for kids and for our economy — is childcare. Study after study has found that enrollment in high-quality programs improves kids' school readiness, college attendance, and health outcomes, and reduces their likelihood of future criminal activity. Access to childcare clearly can have long lasting positive impacts, but it remains *far* too expensive for *far* too many American families. In fact, the cost of childcare has doubled in the past thirty years while real wages have remained nearly flat.

This puts many parents in the position of having to stay at home to care for their children when they would *prefer* to be working and building a stronger economic future for their families. As a result, the lack of affordable childcare leads to economic losses between \$500 million and \$3.5 billion *in each state, every year*.

This is an area where we could make an enormous impact for American families. We know the problem. We know the solution. What we are lacking is the bipartisan support needed to get it done.

This would be a typical problem in a closely divided Congress. But this is no longer a typical time in the political history of the United States. Everything changed on June 24 when the Supreme Court ruled in *Dobbs v. Jackson. Roe v. Wade* is no longer the law of the land.

This is what Republicans long-sought and fought tooth and nail for - but now what?

You celebrated the *Dobbs* decision but want to cut programs that help women afford the care needed to have a safe pregnancy, birth, and post-partum recovery.

If given the chance, you would defund Medicaid, SNAP, TANF, and other programs that help mothers and children stay healthy and keep them from going hungry.

You have no plan for our childcare crisis that will now undoubtedly get worse.

You want to cut education funding when schools will need more.

If every life was sacred in this country, we wouldn't be having a hearing about programs to keep mothers and their children healthy, fed, and cared for – we'd be fully funding them.

The thing is, we know these policies work. We know how critical these investments are for the health of our children, the health of our society, *and* the health of our economy. And now we know we will need them even more.

Investing in our children is the right thing to do. It's the smart thing to do. And it's the most important investment we can make in the future of our country.

Mr. SMITH. Thank you, Mr. Chairman.

I would also like to welcome our newest Member, Blake Moore,

to the Committee. We are excited to have you.

Democrats and Republicans can both agree a focus on early childhood development is very important. But I find it very curious that this Committee, which green lit \$2 trillion in spending last year and sparked the worst inflation in 40 years is not using its time to examine the country's current situation. America is on the brink of a recession, which would do more harm to families than anything else we could be discussing.

Inflation has risen 13.8 percent since Joe Biden took the oath of office. That means families are spending more money on clothes for their kids and food to feed them. Our economy shrank 1.6 percent first quarter of this year and current forecasts show that this quarter it shrank again. Twenty-five percent of Americans are reportedly postponing their retirement because of financial concerns. The average family will spend over \$5,000 more this year just to make

ends meet.

The labor force participation is also down—and we still have over 11 million job openings—due in part to the Democrats' decision last year to remove work requirements from the child tax credit.

The Federal Reserve has raised interest rates at the fastest rate in 40 years to combat Biden's inflation crisis. The rate on a 30-year fixed mortgage is now double than what it was before Joe Biden

took the oath of office.

The biggest threat to families right now is not a lack of government spending. We are in a state of crisis precisely of reckless government spending. None of this happened by accident. Washington Democrats, they purposely dumped trillions into the economy, they paid people not to work, and they strangled American fossil fuels. And congressional Democrats are bound and determined to make the economic pain and suffering even worse. Using reconciliation instructions this Committee passed last September, Senate Democrats are reviving—they are reviving a "Build Back Broke" agenda that would spend hundreds of billions more and raise taxes by as much as \$1 trillion. Raising taxes when the economy is in or headed toward a recession is a horrible idea. Janet Yellen, Barack Obama, Joe Manchin, and Chuck Schumer have all previously said as much. And yet, that is what Democrats are trying to do to this country.

A looming recession brought on by the reckless economic policies of this Administration and one-party Democrat rule in Washington would be particularly painful for the parents and kids this hearing

is supposedly focused on.

Looking at the most recent recession from 2007 to 2009, we lost 9 million jobs, 10 million people fell into poverty, including 3 million children. We can't just ignore this problem and hope that it is

going to go away.

But turning back to the topic of this hearing, let us look at what our Democrat colleagues have actually proposed. The Congressional Budget Office confirmed the childcare subsidies in their Build Back Broke agenda will actually raise cost for middle class families. On top of that, the Democrats' plan specifically excludes faith-based providers that millions of families rely on for care. Under their plan, federal funding scales back leaving states on the hook for almost half the cost within seven years. Their plan would require states and grantees to have childcare and pre-K programs approved by the HHS secretary. This is the same Secretary who let teachers unions edit CDC guidelines to keep schools shut down last year. Meanwhile, the President's Department of Education is threatening schools that don't use the right gender pronouns or let biological men compete in girls' sports.

We should be focused on the things that will directly affect Americans today—like avoiding tax increases on families and small businesses and halting inflationary spending that is making it hard for folks to afford the basic necessities needed to raise their kids. We need pro-growth policies that put families on solid ground, and when it comes to childcare and education, we need to keep the decisionmaking local. Stop trying to impose a Washington-knows-best approach.

I vield back

[The prepared statement of Jason Smith follows:]



Rep. Jason Smith Republican Leader

Smith Opening Statement: House Budget Committee Hearing on Early Childhood Investment

July 20, 2022 As prepared for delivery.

Thank you, Mr. Chairman.

I would like to welcome the newest Member of this Committee, Blake Moore from Utah.

Democrats and Republicans can both agree a focus on early childhood development is important. But I find it curious that this committee – which greenlit \$2 trillion in spending last year and sparked the worst inflation crisis in forty years – is not using its time to examine the country's current situation. America is on the brink of a recession, which would do more harm to families than anything else.

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None of this happened by accident. Washington Democrats purposely dumped trillions into the economy, paid people not to work, and strangled American fossil fuels.

And Congressional Democrats are bound and determined to make the economic pain and suffering even worse.

Using reconciliation instructions this committee passed last September, Senate Democrats are reviving a Build Back Broke agenda that would spend hundreds of billions more and raises taxes by as much as \$1 trillion. Raising taxes when the economy is in or headed toward a recession is a bad idea. Janet Yellen, Barack Obama, Joe Manchin, and Chuck Schumer have all previously said as much. And yet, that's what Democrats are trying to do.

A looming recession – brought on by the reckless economic policies of this Administration and one-party Democrat rule in Washington – would be particularly painful for the parents and kids this hearing is supposedly focused on. Looking at the most recent recession from 2007-2009; we lost 9 million jobs. 10 million people fell into poverty, including 3 million children. We can't just ignore this problem and hope it will go away.

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Under their plan, federal funding scales back, leaving states on the hook for almost half the cost within seven years.

Their plan would require states and grantees to have child care and pre-k programs approved by the HHS Secretary. This is the same Secretary who let teachers unions edit CDC guidance to keep schools shut down last year. Meanwhile, the President's Department of Education is threatening schools that don't use the right gender pronouns or let biological men compete in girl's sports.

We should be focused on the things that will directly affect Americans today – like avoiding tax increases on families and small businesses and halting inflationary spending that is making it hard for folks to afford the basic necessities needed to raise their kids.

We need pro-growth policies that put families on solid ground, and when it comes to child care and education, we need to keep the decision-making local. Stop trying to impose a Washington-knows-best approach.

I yield back.

Chairman YARMUTH. I thank the gentleman.

I want to thank the witnesses once again for being here. The Committee has received your written statements and they will be made part of the formal hearing record. You each will have five minutes to give your remarks.

And I would now like to recognize Ms. Lee to introduce our first

witness.

Ms. LEE. Thank you very much, Mr. Chairman, and good morn-

ing.

First of all, let me just thank you for this hearing and just say how excited I am to welcome one of my constituents from Berkeley today, Dr. Hilary Hoynes, who is a professor of economics and public policy and the Haas Distinguished Chair in Economic Disparities at UC Berkeley, which of course is my alma mater. I have to just say, go bears. Thank you so much for being here.

Her research focuses on poverty, inequality, food and nutrition programs, the impact of government tax and transfer programs on low-income families. Also, let me just say she serves on the National Academy of Sciences Committee on building an agenda to reduce childhood poverty in half in 10 years, and on many more im-

portant boards and commissions and committees.

And of course I want to thank her for being here today, but also thank her for her expertise on these issues, especially on reducing child poverty in half in 10 years.

Thank you again, Mr. Chairman, and I yield back.

Chairman YARMUTH. Thank you, Ms. Lee.

I now recognize Dr. Hoynes. You may unmute your microphone and begin when you are ready. You have five minutes.

STATEMENTS OF HILARY HOYNES, PROFESSOR OF ECONOMICS AND PUBLIC POLICY AND HAAS DISTINGUISHED CHAIR IN ECONOMIC DISPARITIES UNIVERSITY OF CALIFORNIA BERKELEY; MAUREEN BLACK, DISTINGUISHED FELLOW IN EARLY CHILDHOOD DEVELOPMENT, RTI INTERNATIONAL, PROFESSOR, DEPARTMENT OF PEDIATRICS, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE; RASHEED MALIK, SENIOR DIRECTOR, EARLY CHILDHOOD POLICY CENTER FOR AMERICAN PROGRESS; HON. NEWT GINGRICH, FORMER SPEAKER OF THE U.S. HOUSE OF REPRESENTATIVES

STATEMENT OF HILARY HOYNES

Dr. HOYNES. Chairman Yarmuth, Ranking Member Smith, and Members of the Committee, thank you so much for the opportunity to appear before you today at this hearing on investments in early childhood.

My name is Hilary Hoynes. I am a professor of economics and public policy at the University of California Berkeley where I also hold the Haas Distinguished Chair in Economic Disparities.

My testimony today summarizes evidence that the social safety net for children generates widespread benefits over the longerterm, both to children and their families and to taxpayers and the broader economy.

In 2019, after a robust economic recovery, 9 million American children remained poor. The risk of child poverty is not equal

across the population. Black and Hispanic children are more likely to be poor than white children. Children living with one or no biological parent and children living with less educated parents have

higher poverty rates.

The costs of child poverty extend beyond families to the broader economy. This occurs because child poverty leads to lower education levels and worse health and therefore less tax revenue and more spending in the future. The National Academies report, "Roadmap to Reducing Child Poverty", to which I contributed, concluded that the cost of child poverty ranged from \$800 billion to \$1.1 trillion each year.

The current social safety net, however, does reduce child poverty. The earned income tax credit, or EITC, and the child tax credit reduce child poverty by 5.9 percentage points. The Supplemental Nutrition Assistance Program, or SNAP, reduces poverty by 5.2 percentage points. Cash welfare raises few children out of poverty.

Furthermore, and importantly, recent social science research documents that safety net spending on children leads to improvements in economic and health outcomes in adulthood. My research shows that SNAP improves long run outcomes. Access to SNAP during pregnancy leads to healthier births. Access to SNAP during child-hood leads to better adult health, increases in education, earnings, neighborhood quality, and home ownership, and decreases in poverty, mortality, and incarceration. Other safety net programs show similar results.

Access to the EITC during pregnancy leads to healthier births. Access to the EITC during childhood leads to improved performance in school, increases in education, employment, and earnings, and for women, less engagement with the criminal justice system. Access to Medicaid for pregnant women and children leads to improved health outcomes, better performance in school, and increases in educational attainment and earnings in adulthood.

Overall, the research establishes that additional resources for low-income children generate improvements across a wide range of adult outcomes.

These findings can be used to quantify the benefits relative to the cost of these policies. The costs include the benefit payments themselves and administrative costs, as well as indirect costs coming from changes in employment that result from delivering the benefits and the taxes to fund them. Combining these costs and benefits yield large rates of return across these programs. For SNAP, providing benefits to children yields \$56 of benefits to families for every \$1 of net cost. For the earned income tax credit, taking into account the long run benefits, the program fully pays for itself in the long run. Medicaid for pregnant women and infants fully pays for itself in the long run. Taking into account the long run benefits, the 2021 expansion of the child tax credit is estimated to reduce the net cost to taxpayers to \$0.16 for every \$1 of new benefits.

So these results show that spending more now means spending less later. Higher adult earnings mean higher future tax revenue. Improved health and reductions in criminal activity mean lower future government spending.

It is important to point out, however, that costs are easy to quantify and are incurred early at the time of program delivery. Benefits on the other hand take time to emerge. This is particularly problematic because the CBO scores policy proposals over a 10-year window. This disregards long-term benefits and can lead to short-term thinking, ignoring the investment aspect of these programs.

In sum, the social safety net for families with children represents investments in the human capital of children, not simply transfers to adults. The returns to these investments, like that in infrastructure, require spending up front, but yield important benefits in the future.

Thank you. And I look forward to the conversation. [The prepared statement of Hilary Hoynes follows:]

Testimony of Dr. Hilary Hoynes Haas Distinguished Chair of Economic Disparities, Professor of Public Policy and Economics University of California Berkeley

on the subject of
"Examining the Powerful Impact of Investments in Early Childhood for Children, Families, and
our Nation's Economy"
before the U.S. House of Representatives Committee on the Budget
July 20, 2022

Chairman Yarmuth, Ranking Member Smith, and Members of the Committee:

Thank you for the opportunity to appear before you today at this hearing on examining the powerful impact of investments in early childhood.

My name is Hilary Hoynes, and I am the Haas Distinguished Chair of Economic Disparities, Professor of Public Policy and Economics at the University of California, Berkeley where I also direct the Berkeley Opportunity Lab. For the past three decades, I have conducted and published numerous reports, peer-reviewed research studies and book chapters on poverty, inequality, and the short- and long-term effects of federal and state social safety net programs on families with children in the United States. I have studied tax programs including the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC) as well as benefit programs including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Special Supplemental Program for Women, Infants and Children (WIC). I am an elected member of the American Academy of Art and Sciences and the National Academy of Social Insurance. I serve as a member of the National Academies of Sciences, Engineering, and Medicine (NASEM) Committee on National Statistics. I previously served as a member of the NASEM Committee on Building an Agenda to Reduce the Number of Children in Poverty by Half in 10 Years and the Federal Commission on Evidence-Based Policy Making.

My testimony today discusses how the social safety net impacts children's economic and health outcomes in adulthood. This speaks to the capacity of the social safety net to be an investment in children, and society more generally. My testimony draws primarily from research that I have conducted or reviewed.

Child Poverty in the United States

In 2019, after a long and robust economic recovery, 9.1 million American children lived in families with income below the poverty line. Overall, 12.5 percent of children were poor, higher than the poverty rate for all persons (11.7 percent). These calculations report the Supplemental Poverty Measure, published annually by the U.S. Census Bureau, and capture the

¹ Fox, Liana (2020). "The Supplemental Poverty Measure: 2010," Current Population Reports, P60-272.

percent of the population in poverty after social safety net transfers (in cash, tax, and in-kind) are accounted for.

As shown in Figure 1, the risk of child poverty is not shared equally across the population. Black and Hispanic children are more likely to be poor than white children, children living with one (or no) biological parents are more likely to be poor compared to those living with two biological parents, and children living with parents with lower education levels are at higher risk of being poor.

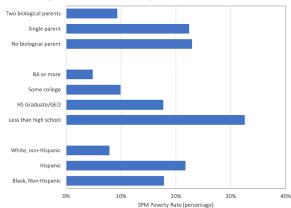


Figure 1: Child Poverty by Parental Characteristics

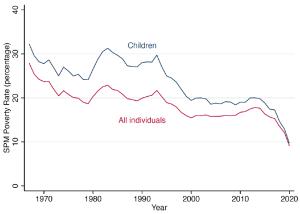
Source: NASEM (2019). The report uses the Supplemental Poverty Measure for 2015 and benefit payments are adjusted for underreporting.

Figure 2 shows that rates of child poverty in the U.S. have declined considerably since 1965. There are two important forces that lead to poverty reduction. First, trends in child poverty vary with economic cycles, rising in recessions and falling in expansions. Notably, child poverty fell sharply during periods of strong real wage growth in the 1990s and the late 2010s.² Additionally, child poverty rates vary with changes in the size and structure of the social safety net. For example, the expansions of the Earned Income Tax Credit in the mid 1990s led to substantial reductions in child poverty.³

 $^{^2}$ For analyses of the relationship between labor market cycles and child poverty see Bitler and Hoynes (2016) and Bitler, Hoynes and Kuka (2017).

 $^{^{}m 3}$ Hoynes and Patel (2018) and Hardy, Hokayem and Ziliak (2022).

Figure 2: Child Poverty 1965-2019



Source: Aizer, Hoynes and Lleras-Muney (2022).

Effects of Child Poverty

On average, children who grow up in poverty experience worse outcomes in adulthood compared to children who grow up in higher income families. We see this across a wide set of outcomes including physical and mental health, educational attainment, labor market outcomes, and risky behaviors and delinquency (Duncan, Ziol-Guest, and Kalil 2010). However, these correlations do not necessarily reveal the causal impact of child poverty. Childhood poverty is also associated with other disadvantages that may be harmful to children, including low levels of parental education and living with a single parent, ineffective schools, and neighborhoods with poor environmental conditions (e.g., Currie et al., 2013).

Understanding the causal (as distinct from correlational) impact of childhood poverty on adult outcomes is essential for determining which policies will be effective at improving these later life outcomes.

The costs of child poverty extend beyond the families themselves to the broader economy. This occurs because child poverty results in less education and worse health, in turn reducing adult earnings as adults; it also increases crime. The NASEM report "Roadmap to Reducing Child Poverty" (of which I was a member) reviewed the evidence on the macroeconomic costs of child poverty. We concluded "there is considerable uncertainty about the exact size of the costs of child poverty. Nevertheless, whether these costs to the nation amount to 4.0 or 5.4 percent of GDP—roughly between \$800 billion and \$1.1 trillion annually in terms of the size of the U.S. economy in 2018—it is likely that significant investment in reducing child poverty will be very cost-effective over time" (NASEM 2019, p. 90).

Short Run Effects of the Social Safety Net on Child Poverty

Congress has already made investments in reducing child poverty through the current social safety net. For families with children, the social safety net consists primarily of tax credits (the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC)) and in-kind benefits including food and nutrition programs (e.g. Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants and Children (WIC)), housing subsidies and health insurance (Medicaid). A much smaller share of the social safety net for families with children takes the form of cash assistance that is not tied to work.

Current policies are effective in reducing child poverty, as shown in Figure 3. Tax credits – the EITC and CTC - have the largest anti-poverty impact on children and are estimated to reduce child poverty by 5.9 percentage points. SNAP has the second largest anti-poverty impact for children, reducing poverty by 5.2 percentage points. Supplemental Security Income, Social Security, and Housing Subsidies also have sizable impacts, reducing poverty by 1.8, 2.2, and 1.8 percentage points respectively. 4 Cash welfare (Temporary Assistance for Needy Families) raises very few children out of poverty. Taken together, government tax credits and transfers reduce child poverty from 25.5 percent (no taxes or transfers) to 13.6 percent lifting 8.7 million children (including 2.7 million white, 2.1 million black and 3.0 million Hispanic children) out of poverty (Trisi and Saenz 2021, calculations for 2017).

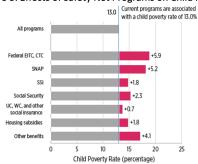


Figure 3: Effects of Safety Net Programs on Child Poverty

FIGURE 4-9 "What-if" child poverty rates with the elimination of selected federal

programs.

NOTES: Poverty defined as below 100 percent of the TRIM3 SPM poverty line.
Estimates are for 2015 and adjust for underreporting but not for behavioral effects.
Other benefits include Temporary Assistance for Needy Families, solely state-funded
assistance, mean-tested veterans benefits, mean-tested education assistance, the Low Income Home Energy Assistance Program, the National School Lunch Program, and the Special Supplemental Nutrition Program for Women, Infants, and
Children. EITC = Earned Income Tax Credit, CTC = Child Tax Credit, SNAP =
Supplemental Nutrition Assistance Program, SI = Supplemental Security Income,
UC = Unemployment Compensation, WC = Worthers' Compensation.

SOURCE: Estimates from TRIM3 commissioned by the committee.

Source: NASEM (2019).

⁴ These figures are from NASEM (2019) and adjust for underreporting of benefits in the Current Population Survey.

Compared to other countries the U.S. spends less on reducing child poverty. Figure 4 shows that countries vary considerably in the amount of safety net aid to children. The figure shows that the U.S. provides less aid to families with children as a share of GDP (0.6 percent) than most of the 37 OECD countries represented here. The figure also illustrates that spending more on family and child benefits is associated with lower child poverty rates. The U.S. appears in the upper left of the graph, with lower spending on child and family benefits and higher child poverty rates.

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Figure 4: Child Poverty Rates and Public Spending on Families in OECD Countries

Source: Aizer, Hoynes and Lleras-Muney (2022).

Long-Term Effects of the Social Safety Net on Children

A large body of social science research examines how the social safety net affects family and child outcomes in the long term. As I summarize below, there is convincing evidence that providing more support during childhood leads to significant improvements in health, education, and labor market outcomes in adulthood. This evidence makes a clear case that the social safety net for children is an *investment* that can *pay back benefits* over the longer term, both to the children as they move through their lives as well as to society and the economy as a whole.

Family Benefits Public Spending (% of GDP)

To identify the causal effects of these programs on outcomes, researchers use both experimental (e.g. randomized control trials) as well as nonexperimental evidence. The nonexperimental research uses a variety of "natural experiments" such as policy reforms and expansions to identify the effects of the programs. For example, programs such as food stamps and Medicaid started in some parts of the country earlier than others. We can compare the life trajectories of those who had access to programs as children with those of their

contemporaries or near-contemporaries who did not. Another approach uses expansions of programs to compare those who received more or less access to a benefit.

Supplemental Nutrition Assistance Program (SNAP)

A large number of studies estimate the long-term effects of SNAP (previously called Food Stamps) by taking advantage of the staggered roll-out of the Food Stamp program across counties between 1961 and 1974. My research finds that access to SNAP during pregnancy leads to healthier births, reducing the incidence of low-birth weight by 7 percent for white births and 5-11 percent for black births (Almond, Hoynes, and Schanzenbach 2011). My research also finds that access to SNAP in early childhood leads to better health in adulthood. In particular, individuals with access to food stamps in childhood had dramatically reduced risk of metabolic syndrome (including obesity, high blood pressure, heart disease, and diabetes) in early to mid-adulthood (Hoynes, Schanzenbach and Almond 2015). In another study, I find that access to food stamps in early childhood leads to increases in completed education, earnings, neighborhood quality, and home ownership as well as reductions in poverty, mortality and incarceration (Bailey, Hoynes, Rossin-Slater, and Walker 2020). Other researchers have found similar results (e.g., Bitler and Figinski, 2018, find that access to food stamps in early life leads to increases in earnings in adulthood).

In all of these long-term studies, it is evident that the longer a child has access to food stamps, the greater the gains in adulthood. In many of the SNAP studies, the benefits are particularly effective between conception and age five, suggesting that early childhood may be a particularly productive window for nutritional inputs.

Another set of studies estimates the impact of SNAP using policy variation in the 1990s. East (2020) finds that SNAP access before age five improves the child's parent-reported health in adolescence. She also finds that SNAP reduces school absences, doctor visits and hospitalizations, all of which are suggestive of long-term benefits. This finding is replicated in my own work where we use variation in the local "purchasing power of SNAP" and find that childhood exposure to food stamps leads to fewer school absences, lower food insecurity, and more preventative health care (Bronchetti, Christiansen and Hoynes 2019).

Below I discuss how to put these results together to measure the benefits of SNAP relative to the costs.

Earned Income Tax Credit

There is also strong evidence on the long-term effects of the Earned Income Tax Credit, a refundable tax credit paid to workers with low levels of earnings. To identify the causal effects of the EITC, many studies leverage the large expansion of the credit in 1993; other studies use the introduction of the EITC in 1975 or other expansions in 1986, 1990, and 2009.

First, parental access to the EITC during pregnancy leads to increases in health at birth, including an increase in average birth weight (Strully et al. 2010). My research finds that a \$1,000 induced increase in after-tax income due to the EITC leads to a 2-3 percent reduction in low birth weight births (Hoynes, Miller, and Simon 2015). Others find that the EITC leads to improvements in maternal health, including reducing the incidence of risky biomarkers such as measures of inflammation, high blood pressure, elevated cholesterol and improving mental health, suggesting an income pathway for a reduction in stress (Evans and Garthwaite 2014).

Second, researchers document that the EITC leads to improvements in test scores of children. Dahl and Lochner (2012, 2017) find that a \$1,000 increase in family income due to the EITC leads to an increase in combined math and reading test scores by 0.04 standard deviations. Chetty, Friedman, and Rockoff (2011), find that \$1,000 in income due to the EITC leads to a 0.06-0.09 standard deviation increase in test scores.

Third, studies show that exposure to the EITC leads to an increase in the probability of completing high school, college attendance, and higher employment and higher wages in early adulthood (Bastian and Michelmore 2018). Manoli and Turner (2014) find that \$1,000 in EITC payments in the senior year of high school leads to a 2-3 percentage point increase in college attendance. Additionally, Agan and Makowsky (2018) find that the EITC reduces female criminal recidivism.

A recently published study examines the effects of tax benefits in the first year of life on later life outcomes. Using children born just before versus just after the January 1 birthdate cutoff for child-related tax benefits, they find that additional benefits in the first year of life lead to improved math and reading test scores, a higher likelihood of high-school graduation, and increases in young adult earnings (Barr, Eggleston and Smith 2022).

Cash Assistance

There are also studies that examine the long-term impacts of cash assistance.

Duncan et al. (2011) synthesize data from several randomized control trials of state welfare reform policies in the years prior to federal welfare reform and find that an additional \$1,000 increases student achievement by 0.05-0.06 standard deviations.⁵

Researchers have traced the effects of casino openings among the Eastern Band of Cherokee Indians in North Carolina on long term outcomes. The tribe initiated "per-capita payments" based on the casino revenues—a sort of universal basic income provided to tribal members. One study found that additional income during childhood led to improvements in educational attainment and a reduction in criminal activities, with no adverse impact on employment (Akee et al. 2010). Another study found that the cash transfer led to more parental investment and

⁵ These results come from pooling data across randomized experiments across U.S. states (and one from Canada) where one group received the welfare reform program and the other the pre-existing AFDC program.

positive interactions between the parent and child, and beneficial impacts on children's emotional and behavioral health and personality traits during adolescence (Akee et al. 2018).

Aizer, Eli, Ferrie and Lleras-Muney (2016) examine the long run effects of the Mothers' Pension program, the earliest cash support program for families with children in the U.S. (available in some states prior to the 1935 Social Security Act which created the AFDC program). They combine data from military records, death records and state historical censuses and find that receipt of cash assistance increases educational attainment by 0.4 years, extends length of life by 1.5 years, and reduces the probability of being underweight for men by half.

Medicaid

Medicaid provides health insurance for low income Americans. In the late 1980s and early 1990s, expansions in Medicaid led to increases in coverage for pregnant women and children. Research studying these policy expansions reveal that Medicaid has significant benefits in the long term (see review by Currie and Duque 2019). Several studies show that Medicaid during pregnancy and childhood leads to improved health outcomes in young adulthood (Currie, Decker and Lin 2008, Wherry and Meyer 2016, Wherry et al. 2018, Miller and Wherry 2019). Additionally, the benefits extend to the next generation – children of mothers who had more exposure to Medicaid during pregnancy themselves go on to have healthier infants (East, Miller, Page and Wherry, 2022). The benefits are not limited to health. One study shows that Medicaid in childhood improves performance in school (Levine and Schanzenbach 2009). Several studies show that Medicaid coverage during childhood leads to increases in educational attainment and earnings in adulthood (Brown, Kowalski, and Lurie 2020, Miller and Wherry 2019, Cohodes et al. 2016).

Using the introduction of the program in the 1960s, researchers find that childhood exposure to Medicaid reduced adult disability and increased labor supply (Goodman-Bacon 2016) and reduced high blood pressure, diabetes, heart disease, and obesity (Boudreaux, Golberstein, and McAlpine 2016) measured up to 50 years later.

Policymaking recognizing benefits and costs

Overall, the research conclusively establishes that additional resources to low-income children improves a wide range of adult outcomes. Higher income during childhood leads to improvements in educational attainment, labor market earnings, family income and health, and reductions in criminal activity.

To evaluate the impacts of social safety net policies requires analyzing the benefits of the policies relative to the costs. In addition to the research on the benefits of these policies discussed above, we also have research on the costs of these programs. In fact, until the last decade almost all economic research on the social safety net focused on quantifying the costs with little attention to the benefits (Aizer, Hoynes, and Lleras-Muney 2022).

The main cost of social safety net programs is the benefit payments and administration costs (the *direct* costs). There are also *indirect* costs of providing the benefits including the costs of changes in economic behavior (e.g. earnings, employment, income) that result from delivering the benefits to the parents, as well as the from the taxes needed to fund the programs. Other indirect costs may include impacts on marriage and fertility.

The research on cash and in-kind assistance programs shows modest, but non-zero, effects on employment (Moffitt 2003, Moffitt 2015). However, not all labor supply effects are created equally. Policies that deliver income with large changes in net wages—either positive (through use of steep phase-ins such as with the EITC) or negative (through use of steep phase-outs such as with the original AFDC program)—lead to larger changes in employment than policies that deliver income with small changes in net wages (such as the gradual phase-out of the EITC). However, even with the pre-welfare reform AFDC program with phase-out rates between 66 and 100 percent, "the work disincentives of the program have little effect on the size of the caseload itself" implying even in the absence of the AFDC program, most women would have earnings below the eligibility threshold (Moffitt 1992, p. 17). With respect to incentive effects regarding marriage and fertility (another source of potential indirect costs), the results are weak: "The failure to find strong [cash] benefit effects is the most notable characteristic of this literature" (Moffitt 1992 p. 31, also see Ziliak 2015).

In summary, we can quantify both benefits and costs of social safety net programs targeted at children. And we can put them together to compare the benefits relative to the costs.

The research summarized above provides strong evidence for the benefits of the social safety net for children: additional resources in childhood lead to improvements in adult outcomes. Clearly this is good for the children and their families. But it is also good for society. Why? Because higher earnings and income in adulthood translate to higher future government tax revenue. Improved health and reductions in criminal activity translate to lower future government spending. Thus, the social safety net is an *investment* that can pay back benefits over the longer term, both to the children and their families as well as to society and the economy as a whole.

The headline results show a large rate of return on investment:

- In my research, we find that access to SNAP from conception to age 5 yields \$56 of benefits to the families for every dollar of government net (direct and indirect) costs.
- The net cost of the EITC to taxpayers in the short run is 17 cents for every \$1 of direct program costs. Incorporating the long run benefits, the program completely pays for itself (Bastian and Jones 2021).
- Medicaid for pregnant women and infants fully pays for itself in the long run (Hendren and Sprung-Keyser 2020).

More generally, Hendren and Sprung-Keyser (2020) study more than a hundred policies and find that programs targeted towards children have large returns, some paying for themselves entirely in the long run.

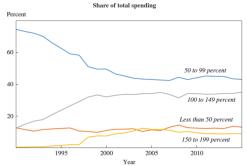
An important challenge in this work is that the costs are easy to quantify and are incurred early, at the time of program delivery. Benefits, on the other hand, take time to emerge. This is particularly problematic in the presence of fixed budgetary windows. CBO scores policy proposals "to assess the effects on the economy of "major" legislation that Congressional authorizing committees approve, and to incorporate those effects into the agency's 10-year cost estimates." The CBO score includes predictions about "how federal outlays and revenues would change if legislation was enacted and fully implemented as proposed—compared with what future spending and revenues would be under current law." 6

While this approach takes into account the direct and indirect costs of the program, the 10-year cost window rules out consideration of the long-term benefits. This can lead to short-term thinking that ignores the investment aspect of these programs.

Looking forward: Investments in Children and our Economy

Policies adopted in the 1990s led to significant changes the social safety net with a dramatic shift in focus from income support toward work-based assistance. Consequently, the distribution of households receiving assistance moved away from the poorest households, towards the near poor as shown in Figure 5 (Hoynes and Schanzenbach, 2018).

Figure 5: Government Spending on Children, Share by Family Income, 1990–2015



Sources: Various administrative sources (see the online appendix); authors' calculations.

a. Programs include SNAP, AFDC/TANF, ETIC, and CTC. The line captions denote family income as a percentage of the supplemental poverty measure.

Source: Hoynes and Schanzenbach (2018).

 $^{^{\}rm 6}$ Accessed at CBO "Frequently Asked Questions About CBO Estimates" https://www.cbo.gov/about/products/cefaq

Against this backdrop and in light of the evidence on the investment effects of the social safety net, it is instructive to consider the 2021 expansion of the Child Tax Credit (CTC) enacted as part of the American Rescue Plan (ARP).

The ARP included a temporary, one-year expansion of the CTC. The CTC is one of the federal government's central policies for delivering economic support to families with children. However, prior to the ARP expansion, and again now, given that those provisions expired, the poorest *third* of children receive either no credit or only a partial amount because receipt is limited to those who meet a minimum income test. The 2021 CTC expansion increased the per child payments (from \$2,000 per child to \$3,600 per child if under age 6, or \$3,000 if ages 6 to 17) and removed the income test thereby extending the CTC to the poorest children. The payment also shifted to a monthly schedule, so almost all families with children received half the credit for 2021 in monthly installments between July and December 2021, the balance being paid when families filed their tax returns in early 2022.

Real-time surveillance has examined the impacts of the CTC on poverty, household spending, food insecurity, and employment. Research from the Columbia University Center on Poverty and Social Policy shows the powerful impact the CTC expansion had on child poverty: lifting 3.7 million children out of poverty by the time of the final monthly payment in December 2021. Using the Census Pulse Survey and other sources, research shows that families have used the funds to support basic needs including food, rent, and school clothing, as well as paying down debt. Several studies show that the expanded CTC led to dramatic reductions in food insufficiency. The existing evidence finds no impact on employment to the possible that people may react differently to a long-term policy than to a short-term policy.

Overall, the CTC expansion is projected to cut child poverty by about 40 percent (Acs and Werner 2021). Much of this poverty-fighting impact of the CTC expansion comes from extending eligibility to include the poorest families. Based on the evidence summarized above, the increase in income from the expanded CTC is expected to generate gains long past childhood—higher education and earnings, better health, less criminal behavior—yielding a long-term fiscal payoff. Research from the Columbia University Center on Poverty and Social

⁷ Collyer, Sophie, David Harris and Christopher Wimer. 2019. Left Behind: The One-Third of Children in Families Who Earn Too Little to Get the Full Child Tax Credit. Columbia University Poverty & Social Policy Brief, 3(6), May 13.

⁸ See Karpman et al. 2021, Perez-Lopez and Mayol-García (2021), Pilkauskas and Michelmore (2021), and CLASP (2021).

⁹ Parolin et al. (2021).

¹⁰ Karpman et al. (2022).

¹¹ Several studies have used existing evidence on elasticities to simulate the predicted effects on employment yielding a range of estimates. Goldin, Maag and Michelmore (2020) predict small effects on labor supply while Corinth et al. (2021) predict larger effects on labor supply. Bastian (2021) predicts effects in between these two other studies and concludes that if extended, the expanded CTC would still lift more families with children out of poverty than the previous version of the CTC and earned income tax credit (EITC) combined.

Policy predicts that the long-term net cost to taxpayers of the expanded CTC is 16 cents for every \$1 of new benefits. 12

Conclusion

In sum, the social safety net for families with children represent *investments* in the human capital of children, not simply transfers to adults. The returns to these investments, like that of investments in human capital and infrastructure, can only be properly measured over the entire lifetime of the recipients and should be comprehensive in nature, including gains to educational attainment, labor market outcomes, health, and other aspects of human wellbeing.

Thank you, and I look forward to answering any questions you might have.

¹² Garfinkel, Irwin, Laurel Sariscsany, Elizabeth Ananat, Sophie Collyer, and Christopher Wimer. 2021. The Costs and Benefits of a Child Allowance. Columbia University Poverty & Social Policy Brief 5(1), August 2.

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Chairman YARMUTH. Thank you, Dr. Hoynes, for that testimony. I now recognize Dr. Black for five minutes. Unmute your microphone and proceed.

STATEMENT OF MAUREEN BLACK

Dr. Black. Chairman Yarmuth, Ranking Member Smith, and Members of the Committee, thank you for the opportunity to meet with you today to discuss the powerful impact of investment in

early childhood.

My name is Maureen Black. I am a Distinguished Fellow at RTI International and a professor in pediatrics at the University of Maryland in Baltimore. For over 25 years I have been a licensed child psychologist and I have directed an interdisciplinary clinic for young children with growth and/or feeding problems. I have also served on advisory boards for Maryland WIC, Maryland Hunger Solutions, and Children's Health Watch, a non-partisan network of healthcare providers committed to improving children's health.

My testimony addresses the conditions necessary for young children to thrive, which is foundational to the health, productivity, and well-being of adults and society, and in particular, how WIC

has contributed to children thriving.

My testimony is based on my clinical experiences, as well as re-

search that I have conducted or reviewed.

In 2020 WIC served about 6.2 million participants per month, or almost half of all infants born in the U.S. I have submitted a complete testimony for the record. I will summarize six points that highlight WIC's contribution to equity and to American children

thriving.

First, WIC is based on the science of early childhood and is tightly focused on the most critical period of human development, the first five years. Basic brain development during this period is rapid with specific nutritional requirements, such as breast milk. Adversities during this period can have long-term negative effects on adult health, including diabetes, cardiovascular disease, and other noncommunicable diseases. Interventions during this period provide the greatest potential for children to thrive. By ensuring that children have nutritious food and responsive care-giving, WIC helps children build healthy habits that last throughout life.

Second, WIC promotes equity with a positive impact on the

health and development of children in low-income families.

Third, as the Chairman has noted, the economic evaluations find that every \$1 spent per WIC participant saves \$2.48 in medical

Fourth, WIC brings resources into communities through retailers

and the WIC farmer's market nutrition program.

Fifth, WIC is dynamic in responding to external stressors, such as children's excess weight gain, the COVID-19 pandemic, and the

recent infant formula shortage.

Finally, WIC works. Expectant WIC participating mothers have healthy babies with reductions in pre-term birth and low birth weight and increases in breast feeding. For children WIC promotes responsive care-giving and healthy dietary patterns that are associated with reduction in obesity and benefits in school performance. Based on these six points, WIC is a cost-effective public health program that improves the human condition by ensuring that infants are born healthy and that young children thrive and contribute to the large society as they become healthy, well adjusted, productive adults.

Looking forward, WIC is well positioned to implement system level changes, including expanding access to WIC's services and leveraging data sharing with healthcare providers that will reduce barriers and better serve existing and future WIC participants.

These innovations will enable WIC to continue to effectively utilize taxpayer dollars and ensure that all American children can thrive.

I thank the Committee and the Congress for making these life changing investments in women, infants, and children of our nation.

I look forward to answering your questions.

[The prepared statement of Maureen Black follows:]

Testimony of Dr. Maureen Black Distinguished Fellow, RTI International and Professor, Department of Pediatrics, University of Maryland School of Medicine

on the subject of
"Examining the Powerful Impact of Investments in Early Childhood for Children,
Families, and our Nation's Economy"
before the U.S. House of Representatives Committee on the Budget
July 20, 2022

Chairman Yarmuth, Ranking Member Smith, and Members of the Committee:

Thank you for the opportunity to meet with you today to discuss the powerful impact of investment in early childhood for children, families, and our nation's economy.

My name is Maureen Black. I am a Distinguished Fellow at RTI International where I specialize in research, programs, and policies related to early childhood development. I am also a professor in the Department of Pediatrics at the University of Maryland School of Medicine in Baltimore, Maryland where I served as the John A Scholl, MD and Mary Louise Scholl, MD Endowed Professor and Chief of the Division of Growth and Nutrition from 2003-2021. For over 25 years, I have been a licensed child psychologist and I have directed an interdisciplinary clinic for young children with growth and/or feeding problems. I have also directed the Maryland site of Children's HealthWatch, a non-partisan network of health care providers committed to improving children's health in America. My expertise is in the prevention of health disparities associated with threats to children's early development, including poverty, nutritional deficiencies (e.g., food insecurity and micronutrient deficiencies), and lack of early learning opportunities.

I have been funded by the National Institutes of Health (NIH) and other organizations for over 25 years and conducted 10 randomized controlled trials (RCTs) in low-income communities in Maryland and in low- and middle-income countries throughout the world, aimed at promoting young children's growth, health, and development. I have published over 450 peer-reviewed journal articles, book chapters, and commentaries, most related to children thriving. I have served on multiple review and advisory committees for NIH and other local, national, and international organizations, including UNICEF, the World Health Organization (WHO), and the World Bank Group. I have been president of two divisions of the American Psychological Association, served as president of the Maryland WIC Association, and I am the co-chair of the Advisory Council of Maryland Hunger Solutions.

My testimony today addresses the conditions necessary for young children to thrive, which forms the basis for the health, productivity, and wellbeing of adults and of the larger society. My testimony focuses primarily on the Special Supplemental Nutrition Program for Women, Infants,

and Children (WIC) and is based on my clinical experiences with children and families and research that I have conducted or reviewed.

Early Childhood Development

The foundations of adult health and wellbeing begin prior to birth with parental health and wellbeing (Clark et al. 2020). Prior to birth, maternal nutrition, health, and behavior impact fetal physical and physiological development. Early adversities can disrupt prenatal growth and development, resulting in pre-term birth (defined as < 37 weeks gestation) or low-birth-weight (defined as < 2.5 kilograms or 5 pounds, 8.18 ounces). These conditions increase the risks for childhood mortality, disability, neurocognitive impairment, learning difficulties, and mental health problems and often extend into adulthood with adverse impacts on health, economic productivity, and socioeconomic outcomes (Institute of Medicine 2007; Simmons et al., 2010). Lifetime economic estimates of pre-term birth and low-birth-weight are staggering (estimates for pre-term birth of \$26.2 billion in 2005 for the USA [Institute of Medicine, 2007]) and disproportionately impact families with limited resources.

In 2020, the pre-term birth rate in the USA was 10.1%, with racial and ethnic differences (CDC 2021). Among African-American women the rate was 14.4%, compared to 9.1% and 9.8% among white and Hispanic women, respectively. Preventing pre-term birth and low-birth-weight are national and global priorities endorsed by professional organizations, including the American Academy of Pediatrics and the World Health Organization. The PREEMIE Reauthorization Act of 2018 (PL 115-328) renews the country's commitment to address pre-term birth by supporting federal research and promoting known interventions and community initiatives.

Children's development progresses in an exquisitely timed, orderly sequence of interdependent capabilities, guided by genetic potential and environmental exposures and interactions. The first 1000 days (conception to age 24 months) are critical as major aspects of brain structure and function are formed (Figure 1).

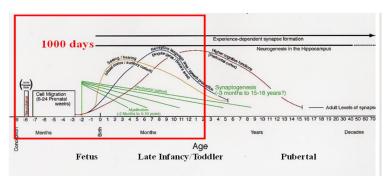


Figure 1. Human Brain development (Thompson & Nelson, 2001)

The second thousand days (age 2-5 years) are also important as young children establish patterns of growth and development, and build dietary and physical activity habits that guide them through childhood, adolescence, and into adulthood (Black et al 2021).

During the early periods of rapid growth and brain development, the lack of required nutrients and caregiving can undermine children's development with long-term negative consequences to their physical and mental health (Prado & Dewey, 2021). In addition, poverty and other adversities during this period, including low-birth-weight, excess weight gain, and disruptions in care, can have long-term negative effects on adult health, including diabetes and cardiovascular disease (Jensen et al., 2017). Early developmental periods are also marked by plasticity and children's ability to adapt. Interventions early in life, including nutritional support and opportunities for early learning and responsive caregiving, can mitigate the negative consequences of adversities and enable children to reach their developmental potential, illustrating the resilience of young children and the importance of intervening early in their development (Black et al., 2017; Evans, 2013).

History of WIC

The 1969 White House Conference on Food, Nutrition and Health was a landmark bipartisan event that highlighted the need for action to overcome the poverty, undernutrition, and anemia experienced by thousands of young children in the United States (Kennedy & Dwyer, 2020). The outcomes of the conference were bold extensions to existing nutritional programs and the genesis of the WIC Program. WIC was informed by national evidence regarding hunger, undernutrition, and iron deficiency anemia in the context of poverty and developed as a national public health program to ensure the health and wellbeing of infants and children at nutritional risk in lowincome households. By providing services to women during pregnancy, WIC was focused on reducing the prevalence of pre-term and low-birth-weight and ensuring that children were healthy at birth. By providing services to women during the neonatal and breastfeeding periods, and to infants and children until age 5 years, WIC was focused on promoting children's nutrition and health, and ensuring that they were thriving. WIC's focus on nutritional risk and low-income households (Federal Poverty Level < 185%) promotes equity by addressing the needs of families with limited resources (Oliveira et al., 2002). In addition to food packages tailored to the nutritional needs of different age groups, WIC provides counseling regarding best practices for feeding infants and young children through validated practices such as responsive feeding. Finally, WIC provides screening for anemia (hemoglobin), lead and other health conditions with referrals as needed. Thus, WIC operates as a public health program that supports thriving among infants and young children.

At the local level, WIC is administered by state WIC agencies, including all 50 geographic states, the District of Columbia, five territories, and 33 Indian Tribal Organizations. WIC's coverage rate for eligible infants is higher than that for older children and women. In 2019, 1.6 million infants (43% of all infants in the USA) and over 80% of infants eligible for WIC were enrolled in the program. WIC serves about 6.2 million participants per month and federal program costs were \$6 billion.

Investigation of integrity related to the implementation of the WIC program has shown that fraud or abuse occur among fewer than 0.01% of participants (Chaudhari et al., 2001). Given the controls in place, participant fraud is not likely to increase. WIC has a relatively low rate of improper vendor payments (with only 0.3% of WIC food dollars being associated with overcharges) (Gleason et al., 2013).

Economics of WIC

A recent economic analysis of WIC calculated the expected value of WIC's prevention of preterm births, using estimated costs of the consequences of pre-term birth over the newborn's lifetime (Nianogo et al., 2019). With an estimate of 500,000 expectant women and three hypothesized scenarios: 1) universal – WIC services for all WIC eligible women, 2) status quo WIC services for all WIC-enrolled women (recognizing that some eligible women do not enroll), and 3) no WIC services for anyone. The number of pre-term births and costs vary across scenarios: (universal scenario: 22,177 pre-term births, cost of \$1.6 billion; status quo scenario: 23.661 pre-term births, cost of \$1.7 billion; no WIC services scenario: 31,235 preterm births, cost of \$2. billion (see Figure 2). The savings for every pre-term birth averted is estimated at \$46,118. Thus, every \$1 spent per participant in either the status quo or universal scenario saves \$2.48 in medical costs by preventing pre-term births. These findings suggest that WIC's standard of care is cost-saving and cost-effective. Broader coverage (and more pre-term births averted) would increase the cost-savings. These findings are generally consistent with a study conducted 25 years ago based on prenatal WIC participation and estimated Medicaid cost savings (every dollar spent on prenatal WIC was associated with a savings from \$1.77 to \$3.13) (Devaney et al., 1992). Thus, the reduction in pre-term births associated with WIC participation is a significant cost-savings that could increase if the program were expanded. Additional evidence is needed on the economic impact of WIC participation among infants and children, especially as healthier WIC foods impact childhood obesity rates.

Total additional cost, WIC expenditures, and savings in 3 simulated scenarios in the hypothetical cohort of 500,000 eligible pregnant women

Med, ed, & loss of prod costs WIC expenditures Savings

\$2.0 B \$417.75 M \$349.32 M

\$1.5 B

\$1.0 B

Universal coverage Status quo No WIC

Figure 2. Estimated savings by hypothetical reduction of pre-term births

WIC Program Modifications

WIC food packages vary by the age, health, and nutritional needs of the child, and by the mother's status as pregnant, postpartum, and breastfeeding. The packages align with the Dietary Guidelines for Americans and the feeding practice guidelines of the American Academy of Pediatrics. In 2009, the food packages were revised to meet dietary preferences of the increasing ethnic diversity of the population and in response to increasing concerns about children's excess weight gain (Special Supplemental Nutrition Program for Women, Infants and Children, 2008). The food packages are designed to support breastfeeding, and to provide WIC participants with a wide variety of foods including fruits, vegetables, and whole grains, while giving WIC state agencies flexibility in prescribing food packages to accommodate the cultural food preferences of WIC participants.

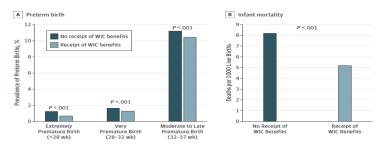
In the 2010s, WIC modernized program services to respond to the needs of participants and reduce barriers to participation. Transitioning from vouchers to Electronic Benefit Transfer (EBT) has facilitated the grocery shopping experience for participants and vendors, reduced stigma, and improved recordkeeping and accountability. EBT is operational in 48 of the 50 geographic states, with the final two states currently rolling out EBT benefits to participating families.

The Healthy, Hunger-Free Kids Act of 2010 (PL 111-178) stipulated that that the WIC food package be reviewed every 10 years to provide reliable information to WIC participants, providers, policymakers, and others. In 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) issued independent, science-based recommendations to improve the WIC food package – including increased issuance of fruits, vegetables, seafood, and whole grains. In 2020, the Dietary Guidelines were updated to include new guidelines for nutritional intake for women during pregnancy and lactation, and children from birth to 24 months of age. These advances are used at the state and federal levels to revise WIC programming to improve dietary and health outcomes for women, infants, and children.

Evaluations of WIC Participation

To reduce the potential threat of selection bias and the inability to use random assignment, the gold standard for experimental evaluations, evaluators assess the impact of WIC using strategies such as propensity score matching, difference in difference designs, or covariate adjustment. For example, a recent investigation using Medicaid birth certificate data from over 11 million racially and ethnically diverse expectant mothers found that the prevalence of pre-term birth was significantly lower among WIC participants compared to eligible non-participants (Soneji & Beltrán-Sánchez, 2019), with a 36.6% relative risk reduction in mortality by age 12 months. The pattern was consistent within the racial ethnic groups (Figure 3).

Figure 3. Association of Pre-term Birth and Infant Mortality rate with the Receipt of WIC During Pregnancy among Expectant Mothers Covered by Medicaid, 2011-2017



☐ JAMA Network Open. 2019;2(12):e1916722. doi:10.1001/jamanetworkopen.2019.16722

Evaluations have consistently shown that WIC participation is associated with reductions in anemia (Yip et al., 1987; Sanjeevi & Freeland-Graves, in press) and beneficial effects on children's diet and nutrient intake (Siega-Riz et al., 2004; Jun et al., 2018). Longer WIC participation has been associated with higher diet quality and reductions in household food insecurity (Anderson et al., 2022).

A recent review following the 2009 food package revisions confirmed that prenatal WIC participation was associated with lower risk of pre-term delivery, low-birth-weight, and infant mortality, as shown previously, and to multiple measures of children's care and development and access to healthy food (Caulfield et al., 2022). For women, during pregnancy, maternal WIC participation was associated with better maternal diet quality, and lower risk of inadequate gestational weight gain; and during post-partum, maternal WIC participation was associated with child preventive care, immunizations and children's cognitive development. Among children, WIC participation was associated with better diet quality, and greater intakes of WIC-provided foods. Among households, WIC participation was associated with greater access to healthy food groups. The study could not differentiate whether outcomes differed across racial and ethnic subgroups.

Multiple studies have documented positive effects of WIC participation on children's dietary quality, which is likely to have a positive impact on children's development. At 12 months-of-age, children of mothers who participated in prenatal WIC had significantly higher scores on a standardized assessment of early development compared to children of WIC-eligible mothers who did not participate (Guan et al., 2021). In a sample of 27,000 WIC-eligible children under 3 years-of-age from multi-racial and ethnic backgrounds, WIC participation attenuated, but did not eliminate, the negative association between multiple adversities and children's "well-child" status (i.e., good health, no hospitalizations, no developmental concerns, and neither overweight not underweight) (Black et al, 2012), thus demonstrating the beneficial effects of WIC on preschoolers' development and well-being. Evidence is emerging on the impact of prenatal and

early WIC participation on children's academic performance (Jackson, 2015). Additional studies are needed to examine the longitudinal effects of WIC on children's health, development, and academic performance.

Breastfeeding promotion has been a central component of WIC, with variability in the impact of WIC participation on rates of breastfeeding initiation, exclusivity, and duration (Caulfield et al., 2022). A recent report endorsed WIC's strategies to support breastfeeding, including peer counselors, distribution of breast pumps, and an enhanced food package, along with better community support for breastfeeding (Rasmussen et al., 2017). Breastfeeding has been associated with retention in WIC beyond 1-year, suggesting the value of ongoing breastfeeding support from WIC providers (Whaley et al., 2017).

Excess weight gain among young children has increased over the past three decades, elevating children's risk for lifelong obesity and associated health problems, including diabetes, cardiovascular disease, impaired glucose tolerance, respiratory and joint problems, fatty liver disease, social and psychological problems, and other chronic diseases (Ogden et al., 2016; Whitaker et al., 2007). CDC and USDA analyzed data on children enrolled in WIC from 56 states and territories between 2010 and 2018 (Centers for Disease Control and Prevention, 2021). Among children aged 3 to 23 months, the prevalence of elevated weight-for-length (an indicator of early obesity risk) declined from 14.5% 2010 to 12.3% in 2014 and then stabilized (Pan et al., 2021). Among children aged 2 to 4 years, rates of obesity declined from 15.9% in 2010 to 14.4% in 2018. The prevalence and declines on obesity varied by state, by sex (greater for boys) and by race and ethnicity (higher among children who were Hispanic and American Indian or Alaska Native than non-Hispanic White, non-Hispanic Black, or Asian or Pacific Islander). Excess weight gain continues to be a national concern that will require ongoing efforts by WIC, Early Childhood Education programs, and others.

Longitudinal studies involving birth cohorts highlight the protective impact of early interventions that can mitigate the negative effect of early adversities (Evans et al., 2013; Trude et al, 2020). Longitudinal studies are needed to study the impact of WIC participation on adult health, productivity, and wellbeing (Black et al., 2012).

Response to Environmental Challenges

The WIC Program has demonstrated the ability to respond to environmental conditions impacting WIC participants, including the COVID-19 pandemic and the recent infant formula shortage. The economic threats from COVID-19, along with the closures of schools, childcare, and worksites to prevent the spread of the virus have inflicted disproportionate hardships on low-income families, including WIC participants. Approximately 50% of WIC participants reported a decrease in household income associated with the pandemic. The recent increase in access to fruits and vegetables, introduction of remote services, and flexibility related to the infant formula shortage represent WIC's flexibility and commitment to ensuring that expectant mothers, infants, and children receive the nutritional services, counseling, and health care they need, regardless of external challenges.

Cash Value Benefits. Cash Value Vouchers (now Cash Value Benefits) were introduced in 2007 to enable WIC participants to purchase fruits and vegetables (\$9/month for infants and children and \$11/month for pregnant, postnatal, and breastfeeding women). In April 2021, Congress authorized more than 4.8 million women and children participating in WIC to receive enhanced Cash Value Benefits for vegetable and fruit benefits (varying between \$24 and \$35/month, based on participant category). This investment (the "WIC bump") was extended in fiscal year 2022 through bipartisan action and illustrates WIC's public health success in promoting fruits and vegetables.

A multi-state survey among over 26,000 WIC participants was administered prior to and following the increase in Cash Value Benefit (Ritchie, et al., 2022). Prior to the 2021 increase, 76% of participants reported that the \$9/month benefit was not enough. Following the 2021 increase, most participants (85%) were aware of the increased benefit, were satisfied with the \$35/month, and children consumed an average ½ cup increase in daily fruits and vegetables.

The increased access to fruits and vegetables should increase consumption among young children and provide a greater variety of produce for WIC families. Consistent access to more fruits and vegetables can shape shopping behaviors and child taste preferences in the long-term, and reduce healthcare costs by mitigating the risk of health conditions related to poor nutritional quality and enhancing food and nutrition security for low-income families.

Remote services. WIC initiated remote services for enrolling and recertifying in WIC, using phone, video, online, and curbside appointments. In some sites, depending on retailer technology, online shopping was authorized. Although participants reported missing the interpersonal connection with WIC providers, they reported a desire to continue to receive WIC services remotely. Approximately one-third reported buying more WIC food than prior to the pandemic (Ritchie et al., 2021).

Infant Formula Shortage. The USA experienced a severe shortage of infant formula in 2022 after a recall based on concerns regarding quality control. The shortage left many caregivers concerned about how to feed their infant. USDA (2022) reports that more than half (56%) of all infant formula purchased in the USA is through WIC's state-based, sole-source contracting process, which provides a specific brand of formula to 1.2 million infants, and results in an annual saving of \$1.7 billion over purchasing formula on the open market. This cost containment strategy posed a unique challenge during the formula shortage. Starting in February 2022, waivers from USDA allowed WIC families to access additional container sizes and formula brands.

Recent legislation addresses the current formula shortage and methods to ensure future safety. The bipartisan Access Baby Formula Act (PL 117-129) promotes collaboration between USDA and FDA to assure a coordinated, public-private response to infant formula shortages, ensuring that the most vulnerable infants have access to adequate nutrition. This legislation has already been deployed to roll out nationwide waivers that allowed State WIC Agencies to authorize imported formulas as an option for WIC shoppers attempting to navigate the effects of the formula shortage.

Formula shortages also highlighted WIC's role as the nation's leading breastfeeding promotion and support program. WIC breastfeeding staff supported pregnant and new mothers in developing breastfeeding plans, increasing milk supply, or re-lactating during the formula shortages. These essential lactation support services would often be out-of-reach for low-income families if not for WIC support. WIC's breastfeeding support during the formula crisis builds on a long record of resolving income- and race-based disparities in breastfeeding rates, including a 30% increase in initiation rates among WIC-enrolled participants between 1998 and 2018. WIC's success in supporting and sustaining breastfeeding efforts must be strengthened as part of a comprehensive national strategy to reflect the medical and public health consensus that breastfeeding is the optimal source of infant nutrition, including efforts to more carefully regulate infant formula production, marketing, and promotion (American Academy of Pediatrics, 2022)

WIC's Impact on Communities

WIC brings resources into communities through authorized WIC retailers, which vary from small stores to large box stores. An assessment of grocery stores prior to and following the 2009 revision to the WIC food packages showed improved access to healthy foods, benefitting WIC participants and the society at large (Andreyeva et al., 2012). With the introduction of Cash Value Benefits to purchase fruits and vegetables and the WIC Farmers Market Nutrition Program, benefits from the WIC program extended to farmers. WIC builds capacity in local communities through partnerships with health providers and other community organizations to ensure that families receive effective support.

The American Rescue Plan Act of 2021 (PL 117-2) gave USDA resources for the modernization of WIC and the Farmers' Market Nutrition Program. The Act laid the groundwork for enhancing WIC participants' experiences and equity by investing in online technology solutions and forming partnerships between WIC and other sectors to facilitate and increase program access.

WIC Challenges and Future Positioning

In recent years, WIC has experienced a decline in enrollment and participation, which may result in increased risk of food insecurity, more infants born pre-term or with low-birth-weight, and decreased access to healthy food and healthy eating patterns for young children. Approximately 50% of WIC-eligible women, infants, and children are enrolled in WIC, potentially increasing the burden on the healthcare system. The declines in WIC participation have been attributed to multiple factors: improved economic conditions, falling birth rate, and immigrant-related concerns, plus confusion regarding eligibility, concerns about stigma, and logistical issues around transportation, hours of service, etc. Strategies supported by the American Rescue Plan Act can overcome many of these barriers by increasing the quality of participants' experiences without increasing costs.

WIC is well positioned to implement system level changes that will better serve existing and future WIC participants. For example, learning from the successes of the implementation of electronic benefit transfer, WIC is evaluating the feasibility of leveraging data sharing with other organizations, including Medicaid, SNAP, and health care providers. With permission from participants, WIC and health care providers could share findings from hemoglobin and lead screening between WIC systems and children's electronic medical records, building on referrals to provide more coordinated care. In addition, with permission from parents, women seeking prenatal care who are enrolled in Medicaid could be automatically entered into WIC. Finally, WIC could partner with health plans to provide nutrition and breastfeeding services for a broader range of the American public, including participants who are not income-eligible for WIC's healthy food benefit. These systems level advances could provide better integration across services, thereby better serving pregnant women and low-income families with infants and young children.

Summary

In summary, the WIC Program is tightly focused on the most critical period of human development (the first 2000 days, beginning prenatally until age 5 years) where brain development is rapid, unmitigated adversities can have long-term effects, and there is the greatest potential for all children to thrive. By addressing low-income households, WIC advances equity by promoting thriving for all children.

The WIC Program was initiated to address child hunger and malnutrition. It was driven by the science of early childhood health and nutrition, with tailored food packages informed by the Dietary Guidelines for Americans and children's developing nutritional needs. Over the past 50 years, WIC has become an essential public health component of the American society that promotes the health, nutrition, and wellbeing of young children, adds economic value to communities, and builds relationships with other health care providers. WIC's responsiveness to unprecedented and unanticipated environmental challenges, including the COVID-19 pandemic, the infant formula shortage, and the increase in children's excess weight gain, illustrates the critical role that WIC plays in promoting equity and preventing further disparities by protecting young children in low-income families. Innovative advances, such as revised food packages, remote registration and access, increased access to fruits and vegetables, and the electronic benefit transactions are examples of the dynamic aspects of WIC in responding to the needs of the American society. WIC is a cost-effective public health program that improves the human condition of Americans by ensuring that infants are born healthy and that young children thrive and are prepared to contribute to the larger society as they become healthy, well-adjusted, productive adults.

Looking forward, WIC is well positioned to implement system level changes, including expanding access to WIC's nutrition services and leveraging data sharing with health care providers that will better serve existing and future WIC participants. These innovations will

enable WIC to continue to effectively utilize taxpayer dollars and ensure that all American children can thrive.

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Chairman Yarmuth. Thank you, Dr. Black. I now recognize Mr. Malik for five minutes. Unmute please and proceed when you are ready.

STATEMENT OF RASHEED MALIK

Mr. Malik. Thank you, Chairman Yarmuth, Ranking Member Smith, and Members of the Committee. I would like to also thank you for the opportunity to speak here today.

My name is Rasheed Malik and I am the Senior Director of Early

Childhood Policy at the Center for American Progress.

I would like to start with a quote from Nelson Mandela, who once said "Our children are the rock on which our future will be built, our greatest asset as a nation. They will be leaders of our country, the creators of our national wealth, those who care for and protect our people." Now, I don't believe that anyone here would disagree with this statement. In fact, I have heard countless variations on it from law makers on both side of the aisle.

A genuine concern for the healthy development and education of our children is one of our clearest shared values as a society and it is great to see this reflected by our representatives in government. But when it comes to making commitments in the federal budget toward evidence based early childhood policies, we have fallen short as a nation. The United States invests a smaller percentage of our GDP in childcare and early education than almost

every other developed economy in the world.

While the benefits from high quality childcare have been studied for years by economists and other social scientists, little public funding has followed. In many places, a year of childcare costs more than a year of college tuition, and that is if you can find an opening for your child. Across the country, waitlists for childcare are longer than ever. And the global pandemic has worsened the childcare crisis. Let me be clear, one in ten early educators have still not returned to the field and turnover is at an all-time high. The numbers just don't work for childcare businesses. They can't pay their teachers any less and they can't charge parents any more. This funding gap is begging for a public investment so that supply can meet demand. Without it we will continue to have educator shortages, diminished maternal labor force attachment, and ever widening inequality of child outcomes.

The silver lining in all this is that these conditions present us with a historic opportunity to dramatically improve conditions for children, their families, and early childhood educators. When we put public dollars behind early childhood programs, we are investing in long-term cost savers that help pay for themselves in the

form of higher tax revenues and increased productivity.

Investments in the childcare sector both create jobs and enable job growth in other sectors of the economy. It is why now more than ever business leaders are pointing to childcare as key to hir-

ing and retaining working mothers.

Now, recently Harvard University economist, Nathaniel Hendren and his colleague, Ben Sprung-Keyser, undertook a comparative analysis of more than 130 public policy interventions, all conducted over the last 50 years in the United States. And the question they sought to answer was deceptively simple, which policies improve

social well-being the most. By looking at the benefits of each policy toward its intended audience, as well as the policy's net cost, these scholars have published a groundbreaking study that answers that very question. The metric they have developed to compare various policies is called "marginal value of public funds." It is just the kind of thing that responsible policymakers have been asking for. And what policies improve social well-being the most? What is the best use of public funds? Direct investments in the health and well-being of low-income children.

According to their math, several of the early childhood policies they looked at had the highest possible score, meaning that the policy didn't even have a net cost to the government. Put another way, on top of the benefits received by the children that were targeted, these programs literally paid for themselves through increased tax

revenue and reduced transfer payments.

Now, as Dr. Hoynes has written about extensively, the body of policy research has historically been focused on short run benefits. This has discounted and shortchanged children, their families, and those who care for and educate our youngest babies and children. The work of educating and caring for young children has been systematically undervalued for far too long because of this bias in our analytical framework. This Committee is taking an important first step today by acknowledging these historical misconceptions and in the future I hope that Congress will move away from shortsighted policy concerns.

President Biden likes to say don't tell me what you value, show me your budget and I will tell you what you value. And for a long time in this country, there has been a significant divergence between our stated values and our public budgets. It is my hope that this hearing can be a step in the direction of reconciling that imbalance.

Thank you again for inviting me to this hearing and I look forward to answering your questions.

[The prepared statement of Rasheed Malik follows:]

"Examining the Powerful Impact of Investments in Early Childhood for Children, Families, and Our Nation's Economy" House Budget Committee July 20, 2022

> Written Testimony of Rasheed Malik, Senior Director of Early Childhood Policy, Center for American Progress

Chairman Yarmuth, Ranking Member Smith, and Members of the Committee – Thank you for the opportunity to testify before you today.

Nelson Mandela, speaking at the dedication of a new school close to his childhood home, once said "Our children are the rock on which our future will be built, our greatest asset as a nation. They will be the leaders of our country, the creators of our national wealth, those who care for and protect our people." I don't believe that anyone here would disagree with this statement. In fact, I've heard myriad variations on it from lawmakers on both sides of the aisle. A genuine concern for the healthy development and education of our children is one of our clearest shared values as a society and this is reflected by our representatives in government.

But when it comes to making commitments in the federal budget towards evidence-based early childhood policies, we have fallen short as a nation. The U.S. invests a smaller percentage of our GDP in child care and early education than almost every other developed economy in the world.² Consequently, we now have one of the lowest labor force participation rates for mothers with young children. Even if one includes all other programs that offer aid to families with children, we still rank 36th out of 37 OECD countries, this is despite our relatively high rates of child poverty.³

The fact that there is abundant need for early childhood policy intervention is hardly in dispute, especially when it comes to early care and education. Before I even touch on the stresses that the Covid-19 pandemic has placed on our child care sector, it should be noted that most communities have had a systemic undersupply of child care options for decades. While the positive effects of high-quality child care have been studied for years by economists and other social scientists, little public funding has followed to scale up these models to reach American families. This has resulted in a mostly privately financed market that is highly responsive to the revenue available to child care providers, namely parental fees. In many places, a year of child care costs more than a year of college tuition since quality child care is very costly to provide. It should not surprise us that such a market produces inequities in access to care.

The effects of the ongoing pandemic have aggravated these issues of undersupply and imbalanced access to licensed care. One in ten early educators have still not returned to the field, leading to longer waiting lists than ever in many places. Fundamentally, the numbers

don't work for child care businesses. They can't pay their teachers any less and they can't charge parents any more than they already do. This funding gap is begging for a public investment so that supply can meet demand. Without it we will continue to have educator shortages, diminished maternal labor force attachment, and ever-widening inequality of child outcomes.

The silver lining here is that these conditions present us with an historic opportunity to dramatically improve conditions for children, their families, and early childhood educators. All available evidence makes it very clear that investing in early childhood, including early care and education, is by far the best bang for the buck when it comes to public spending. More than 100 prominent economists and public policy scholars recently signed an open letter in support of long-term child care investments so that working families would no longer be "forced to choose between work and caregiving, hampering female labor force participation and reducing productivity." There is a growing consensus among economists and policy analysts that investing in early care and education isn't merely a positive benefit for children – it's a long-term cost saver that helps pay for itself in the form of higher tax revenues and increased productivity. Investments in the child care sector both create and enable job growth.

Towards a More Complete Accounting of Costs and Benefits

For decades, public policy interventions have often been evaluated through a comparison of the tangible and intangible costs and benefits associated with the policy alternative. Sometimes this is employed during a regulatory analysis so that scarce public resources are deployed to programs with the greatest benefit relative to its cost. This can help policymakers or regulators compare options within a set of similar actions, but its utility is often limited to a list of options within a defined set of policy parameters.

More recently, public policy scholars have sought a unified analytical framework by which policymakers could compare the relative merits of social programs across different policy objectives. The idea is not to find which single approach to a particular problem might be most cost-effective, but which social investment is most cost-effective across a range of policies targeted at differing social problems. Harvard economist Nathaniel Hendren and his co-author Ben Sprung-Keyser have developed one such analytical approach, which produces what they call the "Marginal Value of Public Funds." ⁶

This metric is intended to allow for a comparative analysis of both the benefits that a policy provides its recipients as well as the policy's net cost, inclusive of the long-term impacts on the government's budget. This last clause is key, as it accounts for savings to the government that result from the initial upfront costs that are incurred by the government. By dividing the benefits by the net costs, these researchers derive the Marginal Value of Public Funds (MVPF), which can be compared across a range of interventions for which there is reliable data.

According to Hendren and Sprung-Keyser, this unified welfare analysis can be summarized by one simple question: Which policies improve social well-being the most? Interestingly, these scholars don't just ask the question, they attempt to answer it as well. Their team at Harvard and Policy Impacts analyzed 133 historical policy changes in the U.S over the last 50+ years. What they found is that direct investments in the health and education of low-income children yield the highest MVPFs. Several of the early childhood policies that they analyzed produced an infinite MVPF, meaning that the policy didn't even have a net positive cost to the government. That is to say, on top of the benefits received by the children that were targeted, these programs literally paid for themselves through increased tax revenue and reduced transfer payments.

The Health, Educational, and Economic Benefits of Child Care

Now I will cover the numerous benefits to high-quality child care that decades of academic and policy research have identified. They fall into three categories: 1) Family and health benefits, 2) Children's educational benefits, and 3) Broad-based economic benefits. I would highlight the fact that benefits are usually proportional to the quality and intensity of the child care benefits that are studied. Low-quality, poorly targeted interventions do not produce the kinds of benefits that have been observed in studies of better designed and implemented programs. Not every intervention can be scaled to meet the challenges faced by every type of family with young children, so successful implementation would likely require a combination of programs that would offer choices to parents.

Family and Health Benefits

High-quality child care can produce benefits at the family level by increasing family economic stability and reducing parental stress. Comprehensive child care can ease the burden on caregivers to balance the immediate needs of their children with the financial demands of maintaining their households and the occupational demands of their work. Policies that mitigate costs to families also support parents' mental health by reducing the financial concerns associated with program affordability. Importantly, parents' mental health predicts their children's mental health, as parents who suffer from mental health challenges can struggle to provide care for their children without adequate external support.

Financial support for the child care sector can also benefit the health of early educators and other child care professionals, many of whom were leaving the field at an alarming rate even before the COVID-19 pandemic, citing low wages as the main reason for resigning. Providers who reported difficulties making ends meet also reported higher generalized depressive symptoms, anxiety, and stress—all of which can contribute to more negative caregiver-child interactions, which are critical for children's social and cognitive development. ¹⁰

Meanwhile, Head Start and Early Head Start offer nutritional support programs that decrease children's food insecurity and promote healthier eating habits and physical activity. They also

often provide developmental assessments and connections to services that offer treatment or support for disabilities, immunizations and physical screenings, and early referrals for primary care. 11

Children's Educational Benefits

Babies, toddlers, and preschoolers all benefit from the educational experiences that come from developmentally appropriate settings. Children's brains develop more than 1 million neural connections every second – they are learning all the time. Supporting those stages of hyperdevelopmental growth can happen in the home with parents or extended family, or it can be with a trained early educator, either in a provider's home or in a child care center. This early cognitive maturation sets the foundation for later learning and skill development, ranging from academic learning to memory, decision-making, and emotion regulation. ¹²

Decades of research have found that rigorous, high-quality child care programs promote children's school readiness, in addition to providing other cascading benefits such as higher educational attainment and adult earnings. ¹³ These effects are most pronounced for low-income students, and while there is significant variation in immediate outcomes—often attributed to children's subsequent educational experiences—many child care programs show lasting educational, economic, and even intergenerational benefits. ¹⁴ Moreover, these investments can result in decreases in special education placement, which also has significant associated economic costs. ¹⁵

Broad-based Economic Benefits

As of 2019, two-thirds of American children had all available parents or other primary caregivers in the workforce, meaning that they relied on professionals, family members, friends, neighbors, or others for care. ¹⁶ With ten percent of the early care and education field having left the sector, child care shortages are more acute than ever. Meanwhile, the responsibility of supplying child care when services are unavailable or unaffordable falls disproportionately on women, especially on women of color and mothers of young infants. ¹⁷

The lack of child care for babies less than one year old cuts heavily into mothers' labor force attachment. While their children are in infancy, women's workforce participation falls to less than 60 percent. The loss of women in the workforce has contributed to more than \$35 billion in annual income losses, which has cascading consequences for families' abilities to afford household essentials or to build wealth over time. ¹⁸

Economists will tell you that the fundamental inputs for economic growth are the size of the labor force and the productivity of that labor. By providing the stability and economic relief that comes from a well-funded, broadly accessible child care system, we should expect positive impacts on both of those inputs.

Policy Considerations for Future Early Childhood Budgets

Developing high-quality, affordable, and abundant child care infrastructure will not be easy, and it will not come without significant upfront costs. But as this testimony attempts to lay out in detail, a richer accounting of the net costs and the direct and indirect benefits suggests that early childhood investments are one of the most responsible, high-impact, long-term budget choices available to lawmakers. They need not be in competition, as spending to alleviate child poverty does not diminish the effectiveness of nutritional programs, which in turn can positively affect the provision of high-quality child care. These are complementary policies that reinforce one other, all the time reducing costs for government well into the future.

As Dr. Hoynes has written about extensively, economic research has typically been focused on the short-run benefits of policies. This has discounted and short-changed children, their families, and those who care for and educate our youngest babies and children. The work of educating and caring for young children has been systemically undervalued for far too long because of this bias in our policy analysis framework. This committee is taking an important first step today by acknowledging these historical misconceptions, and in the future, I hope that Congress will move away from short-sighted policy concerns.

President Biden has a quote that he attributes to his father, and it seems appropriate to end my testimony on it here. As the President says, "Don't tell me what you value, show me your budget, and I'll tell you what you value." For a very long time in this country, there has been a significant divergence between our stated values and our public budgets. It is my hope that this hearing can be a step in the direction of reconciling that imbalance.

Thank you again for inviting me to this hearing and I look forward to answering your questions.

¹ "Address by President Nelson Mandela at the dedication of Qunu and Nkalane Schools," available at http://www.mandela.gov.za/mandela_speeches/1995/950603_qunu.htm#:~:text=Our%20children%20are%20the%20rock,for%20and%20protect%20our%20people.

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³ Anna Aizer, Hilary W. Hoynes, and Adriana Lleras-Muney, "Children and the US Social Safety Net: Balancing Disincentives for Adults and Benefits for Children," NBER Working Paper, available at https://www.nber.org/papers/w29754.

 $^{^{4}\,\}underline{\text{https://www.childcareaware.org/demanding-change-repairing-our-child-care-system/}\\$

⁵ https://americanprogress.org/wp-

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⁶ Nathaniel Hendren and Ben Sprung-Keyser, "A Unifed Welfare Analysis of Government Policies," Quarterly Journal of Economics available at https://cdn.policyimpacts.org/cms/welfare_vnber_2eec2305f7.pdf

⁷ https://cdn.policyimpacts.org/cms/welfare executive summary 236f203240.pdf

⁸ Hailey Gibbs and Rasheed Malik, "Child Care Spending Generates Massive Dividends," available at https://www.americanprogress.org/article/child-care-spending-generates-massive-dividends/

- ⁹ Meg Caven and others, "Center- and Program-Level Factors Associated with Turnover in the Early Childhood Education Workforce" (Washington: Institute of Education Sciences, 2021), available at https://ies.ed.gov/ncee/rel/Project/4633.
- ¹⁰ Allison H. Friedman-Krauss and others, "Child Behavior Problems, Teacher Executive Functions, and Teacher Stress in Head Start Classrooms," *Early Education Development* 25 (5) (2014): 681–702, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5460986/.
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- ¹² Adrienne L. Tierney and Charles A. Nelson, III, "Brain Development and the Role of Experience in the Early Years," *Zero Three* 30 (2) (2013): 9–13, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3722610/.

 ¹³ Greg J. Duncan and Katherine Magnuson, "Investing in Preschool Programs," *Journal of Economic Perspectives* 27
- (2) (2013): 109–132, available at https://www.aeaweb.org/articles?id=10.1257/jep.27.2.109.

 ¹⁴ Andrew Barr and Chloe R. Gibbs, "Breaking the Cycle? Intergenerational Effects of an Anti-Poverty Program in Early Childhood" (Charlottesville, VA: EdPolicyWorks, 2017), available
- at https://education.virginia.edu/sites/default/files/files/EdPolicyWorks files/61 Anti Proverty Effects ECE.pdf.

 15 Peter Belonon-Rosen, "Special education costs add up for parents, schools as federal law remains underfunded,"

 Marketplace, June 22, 2018, available at https://www.marketplace.org/2018/06/22/special-education-adds-up-parents-federal-underfunded/.

 16 Katie Hamm and others, "America, It's Time to Talk About Child Care" (Washington: 2019), available
- Katie Hamm and others, "America, It's Time to Talk About Child Care" (Washington: 2019), available
 at https://caseforchildcare.org/2020CaseForChildCare.pdf.
 Katherine Lim and Mike Zabek, "Women's Labor Force Exits during COVID-19: Differences by Motherhood, Race,
- ¹⁷ Katherine Lim and Mike Zabek, "Women's Labor Force Exits during COVID-19: Differences by Motherhood, Race, and Ethnicity" (Washington: Federal Reserve Board, 2021), available
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- ¹⁸ Andre Dua and others, "Achieving an inclusive US economic recovery" (New York: McKinsey & Company, 2021), available at https://www.mckinsey.com/industries/public-and-social-sector/our-insights/achieving-an-inclusive-us-economic-recovery.

Chairman YARMUTH. Thank you, Mr. Malik, for your testimony. I now have an honor of introducing Former Speaker of the House, Newt Gingrich. Mr. Gingrich, you have five minutes. Begin when you are ready.

STATEMENT OF NEWT GINGRICH

Mr. GINGRICH. Chairman Yarmuth and Ranking Member Smith and Members of the Committee, thank you for inviting me to speak with you. I am honored to return even virtually to the People's House.

This Committee is dealing with some of the most important issues facing our country and it has the great opportunity to begin restoring an America that works for all Americans. Your topic today, however, raises two questions. One, does more spending in a period of rampant inflation actually make the inflation worse and cost more to the American families you are trying to help. And,

two, is government an effective delivery system.

You know, it is a great irony to have the government, which has been the largest single abuser of children over the last two years, suggest that Americans should trust the government to improve their children's lives and futures. The government led efforts to isolate and mistreat children in response to COVID-19 to trap them in schools that don't teach, and to eliminate the culture of work, productivity, and hope for a better future, have contributed to widespread psychological and academic trauma to the children that we have never really seen before. The government's failure to deal with mental health issues in a serious way that prioritizes patient and community welfare has led to a record number of people who are homeless. The government's failure to stop the illegal drug trade and explosion of overdoses and deaths and suicides has led to more American deaths than the last several wars combined. It has also been the largest single destructive force undermining and weakening children in American history.

But there are several things your Committee could be doing to repair some of the damage. As President Ronald Reagan said, the greatest social program is a job. Work is good for the family, it is good for income, and it is good for teaching young people that when

they grow up they should expect to work.

Second, we balanced the federal budget for four straight years through a bipartisan effort. And the fact is that the Clinton-Gingrich budgets worked, they reduced the inflation rate, they reduced the tax rate, they created jobs, because we cared about America's future enough to make tough choices now.

Third, given the current rate of inflation, the idea we ought to pile more money into the system is an almost suicidal act of hubris.

Fourth, when we passed welfare reform it was principled, workoriented, a system wide overhaul, and it worked. It worked because people went to work. Because Americans were going to work, we saw the largest single reduction of childhood poverty in American history. And the reforms were bipartisan. Perhaps most importantly, the ideas and work that led to successful welfare reform didn't come solely out of Washington, DC, we reached out to Governors and state officials who actually ran the welfare programs. They told us what needed to be fixed and what needed to be completely reworked, we didn't tell them. This of course drove the Washington, DC. staff members crazy, but it worked. We needed to hear from the people who actually worked in these programs on a day-to-day basis to understand how the system needed to change.

The greatest problem Washington has today is its inability to learn what works and what fails in the real world. This city has a passion for skipping over reality and focusing on ideology. And we are seeing it happen today as we grapple with high inflation and stumble toward a recession. We don't have to reinvent the world of Jimmy Carter, we know what works. What works is balancing the budget, what works is having a maximum number of able-bodied Americans going to work. We should be connecting all government aid to work, except for the most severely challenged. Further, given advances in technology and communication, we should reassess and update what able bodied means.

What works is cutting out corruption and incompetence. Consider the \$20 billion stolen from the California unemployment fund. Some estimates suggest that nearly half of all pandemic aid was stolen. Simply having the committee figure out how to eliminate the theft would give you more than enough money for virtually every program you favor.

What works is having strong families who have enough take home pay to make their own decisions about how their children are educated and who is taking care of them. Just as we need education freedom, which Former Secretary Betsy DeVos is championing, we need childcare freedom.

Let me say in closing, I don't believe a unionized, bureaucratic, anti-religious, one size fits all government system is the answer to the future. I think what we need is to liberate the American people, to increase their take home pay, to have an economy that is working, to control inflation so people can afford to do things, and to maximize the range of choices people have, whether it is relatives taking care of children, communities taking care of children, religious organizations taking care of children, or professional institutions taking care of children. What we don't need is a government dominated, Washington centered system of once again trying to impose big government socialism on the whole country, this time in the name of taking over our children.

Thank you very much for letting me comment. [The prepared statement of Newt Gingrich follows:]

Written Testimony: Former Speaker of the House Newt Gingrich to the House Budget Committee July 20, 2022

First, thank you for inviting me to speak with you. I am honored to return, even virtually, to the People's House and participate in our Great Experiment.

This committee is dealing with some the most important issues facing our country, and it has the greatest opportunity to begin restoring an America that works for all Americans.

Let me start by saying something that may come off as harsh but needs to be said: It is a great irony to have the government – which has been the largest single abuser of children of the last two years – suggest that Americans should trust government to improve their children's' lives and futures.

I mean that. The government-led efforts to isolate and mistreat children in response to COVID-19; to trap them in schools that don't teach; and to eliminate the culture of work, productivity, and hope for a better future have contributed the most widespread psychological and academic trauma to children we have seen in modern times.

The government's failure to deal with mental health issues in a serious way that prioritizes patient *and* community welfare has led to a record number of people who are homeless. The government's failure to stop the illegal drug trade and the explosion of overdoses and deaths has led to more American deaths that the last several wars combined. It has also been the largest single destructive force undermining and weakening children in American history.

So, to have this hearing, with that background, without a little humility about the damage our government and bureaucracies have done is astonishing.

So, with that said. There are several things your committee could be doing to repair some of this damage.

Let me just remind you first, as President Ronald Reagan said, the greatest social program is a job. Work good for the family, it's good for income, and it's good for teaching young people that when they grow up, they should expect to work.

Second, we balanced the federal budget for four straight years through a bipartisan effort – which included President Bill Clinton – because we cared about America's future enough to make tough choices.

Third, given the current rate of inflation, the suggestion to pile more money into the system is a suicidal act of hubris.

Fourth, when we passed welfare reform, it was principled, work-oriented, was a systemwide overhaul, and it worked. It worked because people went to work. Because Americans were going to work, we saw the largest single reduction of childhood poverty in American history. And the reforms were bipartisan. Remember, I met personally with President Clinton for months. John Kasich worked with Democrats to get the bills written and passed. It was a totally bipartisan effort.

Perhaps most importantly, the ideas and work that led to successful welfare reform didn't come solely out of Washington, D.C. We reached out to governors and state officials who actually administered Washington's welfare dictates. *They told us* what needed to be fixed and what needed to be completely reworked. We didn't tell them. This, of course, drove the Washington, D.C. staff members crazy, but it worked. We needed to hear from the people who actually worked in these programs on a day-to-day basis to understand how the system needed to change

The greatest problem Washington has today is its inability to learn what works and what fails in the real world. This city has a passion for skipping over reality and focusing on ideology.

We are seeing it happen today as we grapple with high inflation and tumble toward a recession. We don't have to reinvent Jimmy Carter. We know what works.

What works is balancing the budget, which we could do in five to nine years. I know this because we did it in four years in the 1990s.

What works is having the maximum number of able-bodied Americans going to work. We should be connecting all government aid to work, except for the most severely challenged. Further, given advancements in technology and communication, we should reassess and update what able-bodied means.

What works is cutting out corruption and incompetence. Consider the \$20 billion dollars stolen from the California Unemployment Fund. Some estimates suggest that nearly half of all pandemic aid was stolen.

What works is having strong families who have enough take-home pay to make their own decisions about how their children are educated – and who is taking care of them. Just as we need education freedom – which former Secretary Betsy DeVos is championing – we need childcare freedom.

Part of childcare freedom is allowing parents to self-organize at the community level. If you have a friend or relative who you trust to take care of your children and you want to pay them for that service, who is the government to step in and tell you who can and can't pay to watch your children while you are at work? Who is the government to decide that uncle, aunt, neighbor, or friend from church doesn't have the appropriate degree or union membership to get paid to care for your child during the day?

The last thing we need is a unionized, government bureaucracy bringing the same level of mediocrity and failure to preschool that has managed to bring too many inner-city schools.

I recently wrote a book, "Defeating Big Government Socialism: Saving America's Future," which deals with many of the problems your committee faces. Writing it has informed a lot of my thinking and I hope it will be helpful to the Committee. I have included a section from the book on balancing the budget in my written testimony.

I thank you for the opportunity to be here, and I look forward to answering your questions.

From "Defeating Big Government Socialism: Saving America's Future," Chapter 7: Opportunity and Hope:

BUILDING A SUCCESSFUL AMERICA ON A BALANCED BUDGET

Continued reckless federal spending is a recipe for disaster for the American people. As I described in the preceding chapter, inflation has hit record highs and the supply chain has been significantly disrupted. Government spending was already high due to the COVID-19 pandemic, but the Biden administration and Big Government Socialists have prioritized spending even more of Americans' money. With the American Rescue Plan and the infrastructure bill, the Biden administration has already signed into law a combined total of \$3.1 trillion. Had the Build Back Better Act passed, this total would have climbed much higher.

President Biden has said that this multi-trillion-dollar new spending "will reduce inflation." ¹⁶ But with fewer goods to absorb the flagrant government spending, we have a textbook definition of what will make the already skyrocketing inflation worse. The size of the U.S. economy has not kept pace with the amount of government spending. Today the national debt is more than \$30 trillion, while the gross domestic product of the United States is \$20.95 trillion. ^{17 18} In 1980 (during the Jimmy Carter administration, the last high-inflation Democrat president), the U.S. economy was three times larger than the national debt. But today the roles have reversed. Now the debt is bigger than the economy.

This means today's Federal Reserve has much less room to raise interest rates to cool off the economy. Because the debt is so large, a high interest rate would eat into federal, state, and local budgets due to the crushing costs of servicing the debt.

When the Carter administration raised interest rates, a recession ensued. But at the time of this writing, the Wall Street Journal reported that Americans should anticipate an oncoming hike in interest rates. According to the newspaper on February 10, 2022:

The question facing Federal Reserve officials ahead of their policy meeting next month is no longer whether they will raise interest rates but rather by how much. . . . The debate still has weeks to play out but could lead officials to begin lifting interest rates from near zero next month, with a larger half-percentage-point increase rather than the standard quarter-percentage-point move. The Fed hasn't raised rates by a half percentage point since 2000. 19

The American people are the ones who bear the brunt of this poor and irresponsible federal fiscal policy. Regardless of the result of the March meeting, the case for balancing the budget is urgent—and the American people agree. According to a recent poll we sponsored at the American Majority Project and conducted by McLaughlin & Associates, 70 percent of Americans support passing a constitutional amendment that would require that Congress pass a balanced federal budget annually.

Diving into this further during focus groups, we found: "Support for balancing the budget is driven by a belief that it will force Congress to set priorities, solve the root causes of problems,

and that it is something that every family and business must do, therefore Congress should do it as well." 20

Passing a balanced federal budget is challenging, but it's not impossible. When I was Speaker of the House, congressional Republicans passed the only four years of balanced budgets in our lifetime. As a team, we made balancing the budget a priority by finding savings and passing reforms. Our approach in the 1990s was not to be stingy with Americans' money, but to be smarter. We didn't carelessly slash budgets or mindlessly continue to do "what had always been done." We invested in Americans and the future of our country. This approach requires discipline and focusing on returns, outcomes, and metrics of success.

For example, we saw the benefit of the National Institutes of Health, so we set out to double its budget. This budgetary increase led to more lives saved, as well as more money earned in the world market, and secured American global leadership in a high salaried industry. We reformed welfare and the telecommunications industry, which resulted in more people working, more jobs, and more savings for taxpayers and consumers. The results we saw from a collective and determined focus on balancing the budget were remarkable. In 1995, when the congressional Republican majority took office, the Congressional Budget Office's projection for the cumulative federal budget deficit over the next ten years was \$2.7 trillion in total. But in January 1999, just four years later, the CBO projected a \$2.3 trillion federal surplus over the next ten years. In just four years, we had turned around the financial outlook of the United States to the tune of \$5 trillion.

While it is true that a lot has changed since the turn of the century, there is no reason why Congress cannot and should not balance the budget using the same approach congressional Republicans implemented when I was Speaker. We informed Americans in our American Majority Project and McLaughlin & Associates poll, "The successful formula in the 1990s was to control government spending, cut regulations, reform welfare so people had incentives to work, and cut taxes in order to increase economic growth and increase revenues as the economy got bigger." We then asked, "Would you approve or disapprove of Congress using the same economic policies now?" An overwhelming, bipartisan majority supported this approach; a total of 73 percent of people approve of these economic policies, including 65 percent of Democrats, 71 percent of independents, and 83 percent of Republicans. ²² There is a strong moral case and political incentive for members of Congress to prioritize smarter spending. It's time Congress listens to its constituents and balances the federal budget.

Endnotes

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Chairman YARMUTH. Thank you, Speaker Gingrich, for your testimony.

We will now begin our question and answer session. As a reminder, Members may submit written questions to be answered later in writing. Those questions and responses will be made part of the formal hearing record. Any Members who wish to submit questions for the record may do so by sending them electronically to the email inbox we have established within seven days of the hearing.

I will defer my questioning to the end, as is my habit, and I will now recognize the gentleman from New York, Mr. Higgins, for five minutes.

Mr. HIGGINS. Thank you, Mr. Chairman, and thank you panelists for being here.

First of all, let me say that, you know, infants had nothing to do with the rate of inflation in America today. Every advanced economy shows that with the expansion of its population economies are stronger and more stable, creating more opportunities for people.

What is true in America today is that 10,000 kids are born every single day. That is 3,650,000 kids each year. Sadly, 22,000 infants die from birth to age one in America each year. America ranks 33—33 out of 36 advanced economies in infant deaths. Where is the pro-life outrage? Where is the pro-life outrage? Maternal morality, pregnancy related to death, death of a woman during pregnancy or within one year of the end of that pregnancy, the United States is the only industrialized nation in the word where maternal mortality, maternal deaths, maternal morbidity is rising, not declining. The United States has one of the highest maternal mortality rates in the world. Each year 900 American women die during pregnancy, from the child being born to one year, attributed to complications from. Where is the pro-life outrage in the face of these statistics?

States with the strongest anti-abortion laws have the highest—highest maternal and infant mortality rates. The strictest abortion law, the highest the mom and infant deaths. Where is the pro-life outrage?

Louisiana has the highest maternal deaths in America during pregnancy. Mississippi, Alabama, Louisiana, Arkansas, Oklahoma, Indiana, Ohio are among the top ten states with the most restrictive reproductive policies in America and are among the highest in terms of infant and maternal morbidity. Where is the pro-life outrage?

Dr. Black, can you answer the question, where is the pro-life outrage in the face of these statistics that are verifiable empirically by reliable sources, as it relates infant and maternal morbidity in America?

Dr. Black. Thank you, representative, for your question.

What I would say is that we know that programs such as WIC are very effective in reducing pre-term births, in reducing low birth weight, and ensuring that mothers and infants are healthy at delivery, and also in reducing infant mortality. So having the services that WIC provides—and they provide nutrition services, which are targeted toward women during pregnancy and toward infants early

in life—enable infants to develop well and prevent the catastrophes that you have described, which are clearly an American tragedy.

So what we would like is increased availability of WIC to ensure that the women and infants who are eligible for WIC, and those are low-income families throughout our country, to ensure that

those who are eligible have access to services.

The other thing that WIC provides is not just food, but they also provide counseling. So they provide education. It is very complicated what are the proper foods during the times of pregnancy and very, very early in infancy. And so WIC helps families build healthy habits, the kinds of habits that they help families build remain with children throughout life. And so they are habit not only what food to eat, but how to eat, when to eat, so we don't eat in terms of stress, but we eat to keep us healthy.

They also provide referrals so that when—related to lead or iron

deficiency, they provide referrals.

So thank you very much.

Mr. HIGGINS. Thank you, Dr. Black.

I will yield back.

Chairman YARMUTH. The gentleman's time has expired.

Now I will yield 10 minutes to the Ranking Member, Mr. Smith.

Mr. SMITH. Thank you, Mr. Chairman.

These questions are for Speaker Gingrich.

Inflation is up 13.8 percent since Biden took office, real wages are down 5.1 percent, the economy shrank by 1.6 percent last quarter, and economists are predicting a recession. The Federal Reserve has raised interest rates at the fastest pace in 40 years to combat Biden's inflation crisis. The rate on a 30-year mortgage has doubled since Biden became President and we expect the Fed will raise rates again at the end of this month.

How is the current economy and Democrats' failure to address af-

fecting American families?

Mr. GINGRICH. You know, thank you, first of all, both for the in-

vitation to be here and for that very important question.

I think the thing which most surprises me—and as all of you know I have been around a long time and have been involved in this process of self-government going back to the 1970's—and as a Georgian I had watched Jimmy Carter as Governor and then I worked with him when he was President and I finally became a Congressman—what amazes me is the inability of some people, mostly on the left, to learn any lessons of history. Now, maybe that is because I am a historian. But we know what causes inflation. Inflation is too much paper money chasing too few goods and services. We have been down this road before. The Carter years were a nightmare.

We also know, by the way, what that does to families, what it does to children. It is one of the most deadly things that can happen, because when the Federal Reserve tries to stop inflation using a demand side approach, which is punishing people by cutting demand, you end up in a recession. So now you have families who don't have a job, are using up all their savings—and as one woman said, she couldn't afford to pay for the gasoline to go to the four or five stores to find the infant formula. Now, that is sort of a multiple whammy and I think your point is exactly right. The Budget

Committee should be looking at how to control spending, it should be looking at how to get—the level of corruption in federal government spending is so breathtaking that it would fund every single dream that the left has if they just could rid of the corruption. And yet there are no serious efforts to do that.

At the same time, you have to set priorities. When we worked with President Clinton, and it was bipartisan effort, he and I met I think for 35 days hammering out a real balanced budget. The only four real balanced budgets in your lifetime. We understood we had to make tough choices. But here is a simple formula, you either force the American family to make tough choices because their politicians don't have the guts to solve problems, or you make the government have tough choices to liberate the American family.

I think you are exactly on target. I can't imagine a dumber moment to increase federal spending than in the middle of an infla-

tionary crisis.

Mr. SMITH. Mr. Speaker, to follow on that, the Build Back Better bill that sits over in the Senate right now was green lit by Democrats on this Committee. It spent over \$5 trillion and would have increased taxes by \$1.5 trillion and it would have added \$3 trillion to the debt. And while the Democrats continue to try and bring this bill back from the dead, where would the country and the economy be right now had Democrats succeeded in enacting that additional level of \$5 trillion in spending.

Mr. GINGRICH. Well, let me go back to this idea that it is so hard to get some people to learn anything. We were at 1.4 percent inflation at the end of the Trump Administration. We were at a dramatically lower price of gas, and in fact a lower price than President Obama had said that was possible, we were energy independent. These things were not accidents. We were also locking up criminals and we were controlling the Southern Border. None of these things were accidents.

So to your point, I have always said that "build back poorer" would be a much more accurate title for that bill, because what it is going to do is it is going to lower the net take home pay of indi-

viduals.

And, by the way, one of the groups—this is a hearing about children, but one of the groups that is really being hammered by inflation are senior citizens. If you are on a fixed income and you are going to get say a 4 or 5 percent cost of living increase, but the real cost of living, as you pointed out, has gone up over 13 percent while Biden was president, you are losing ground if you are also in the middle of a declining stock market, you are watching your 401K shrink at the very time that you need because you can't afford the inflation. In a lot of cases, people can't afford to buy the necessities.

And I think we really undervalue how big a threat inflation is to every single working American and every retired American. And that is one of the things that your Committee should be really

heavily focused on.

Mr. SMITH. You know, during your speakership, Congress enacted welfare reforms that encouraged adults receiving assistance to seek or find gainful employment. Similarly, the 1997 Taxpayer Relief Act established a child tax credit. In the American Rescue Plan Act Democrats dismantled the child tax credit, they removed

work requirements, and turned the credit into a monthly stipend. As a consequence, the labor force recovered just 1.6 million workers in 2021. After the Democrat child tax credit plan went away, 1.7 million Americans returned to the labor force in just the first two months—just the first two months of 2022.

What does the success of efforts you helped initiate, as well as the fallout from policies our Democrat colleagues initiated, tell us about what sort of policies are and are not successful in helping families? And why when enacting these sorts of family supports did

you tie them to income and work?

Mr. GINGRICH. You know, Art Laffer, the great economist who helped develop supply side economics, always said you get more of what you pay for and you get less of what you tax. So if you really want to give people money to do nothing, a lot of people will learn to do nothing. If you really want to tax people because they go to

work, a lot of people will learn not to go to work.

Again, these are simple lessons of historical fact. It is a fact that if you have—and I think you should go through the entire federal program and every place where somebody gets money, they should work for it. There is no reason why people who are able bodied should be indolent and should be handed a check to do nothing or given food stamps to do nothing. And I think it is very important to reestablish a work ethic.

When we worked on the welfare reform bill, and again it was a bipartisan program, President Clinton signed it. And I think people forget that the Clinton-Gingrich reforms, every single one of them, was bipartisan. It had to be. He had a Republican Congress, a Democratic President. And when we worked on it, we were very close to the Governors, particularly Governor Thompson in Wisconsin and Governor Engler in Michigan, and Governor Allen in Virginia. They had been experimenting on limited approvals with getting people to go back to work. And what we did was we looked at a firm America Works, which is a remarkable firm in New York City, actually created by Mario Cuomo when he was Governor. And America Works had a program of helping hardcore unemployed learn the basics, how to get up in the morning, how do you get dressed, how do you get to the bus stop—all these things that people don't automatically know. Well, we took the lessons of America Works and we applied it to—every welfare office in America became an employment office and people followed the incentives. You would have a shocking improvement in the economy and a shocking improvement in small businesses almost overnight by simply requiring that people had to work to get resources from the federal government—almost instantaneous turnaround.

Mr. Smith. Mr. Speaker, our Democrat colleagues, they argue their child tax credit plan cut child poverty in half. Yet researchers at the University of Chicago and the University of Notre Dame have determined that child poverty in fact declined by just 9 percent from its peak but—in October 2021 to December 2021. Further the average child poverty rate since the expiration of the monthly child tax credit payments is lower than the average child poverty rate while the monthly payments were in place.

So, based on your time and work on welfare reform, what do you think is the best way for government to address child poverty?

Mr. GINGRICH. Well, I think first of all, to re-bond the family, to help the mother and father get jobs, to take out all of the anti-family provisions that are in welfare, and to take out the anti-work provisions. The key is to find a way for people to rise so they never go off a cliff of losing so many government subsidies that it is now worth their while to go to work. If you do that—I will just close with this, the reason it matters to get people to go to work is in the long run. You know, every child can learn that work is legitimate, it is authentic, and it is a key part of their life if they are going to rise into a better future.

Mr. SMITH. Thank you.

I yield back.

Chairman YARMUTH. The gentleman's time has expired.

I now recognize the gentlewoman from California, Ms. Lee, for five minutes.

Ms. LEE. Thank you, Mr. Chairman.

First of all, let me take a moment of personal privilege and to say to Speaker Gingrich, I don't know if you remember, but you swore me in 1998. My predecessor was Ron Dellums and you and Ron were very close friends, even though he totally disagreed with you on every issue, including welfare reform. But it is good to see you and thank you for being here.

A couple of questions I would like to ask yourself and Dr.

Hoynes.

You know, I lived in Great Britain for two years. I lived in London—well, I lived outside of London but my son was born in London and what I learned then—and this was in the day—was that there was much more support for children and families than in the United States in Great Britain. Even myself as someone who was not a citizen of Great Britain, I found it more supportive of myself and my family. So some other countries, especially in Europe, have more comprehensive policies that support children from birth through early life.

What do we see in terms of the differences between the United States and countries with those kinds of systems in terms of long-term economic outcome? And are there any policies that—I will use Great Britain for example, but any country in Europe that are

more pro-life than ours?

Dr. Hoynes, maybe I will ask you first and then Speaker Gingrich.

Dr. HOYNES. Thank you very much, Representative Lee, for that question.

So if you would look at my testimony that I submitted in advance of the hearing, you will see some data to kind of illustrate the point that you make and to show the United Kingdom compared to the United States and also more broadly across many dozens of advanced economies. And what you see from that data is that the United States, as a share of GDP, spends a very small amount on benefits for families with children. I think there is one or two countries that spend less than we do in this comparison of advanced economies.

And what you also see is that we have kind of perpetually a much higher rate of child poverty. And interestingly, though not part of your question, this not true across the board in terms of spending in all categories in the United States. If you look at spending on elders, for example, the United States is kind of on par with other industrialized countries. And, in fact, in some cases spends quite a bit more as a share of GDP, mostly because of our very high health expenditures.

So we spend less and we get less. We have higher poverty rates and child poverty rates in particular. And the research that I summarized shows that that has profound implications on the trajec-

tory of that generation of children.

And so what we see is greater rates of poverty and greater rates of inequality more generally in our society because of spending less, particularly focused on children, and even more particularly on children before school years is where we are really an outlier in terms of less investment in the face of very high rates of return on that investment that we have seen in many studies.

Ms. LEE. Thank you.

Speaker Gingrich, of course the pro-life policies that I have expe-

rienced in England versus here in the United States.

Mr. GINGRICH. Well, look, I think the British coming out of World War II, did a pretty decent job of organizing entry level healthcare. And, you know, for example, I favor community health centers, I favor enabling doctors who are willing to provide all sorts of services voluntarily. There are a number of voluntary clinics around the country that do a good job. What the British couldn't do was manage both that entry level and then manage the more sophisticated and more difficult so that, for example, women who have breast cancer have a much worse future in Britain than they do in the United States.

But I do think there are things you can learn. One of the challenges is cultural. How do we get everybody—if you make it available, how do we get people to take advantage of it? And there was a center in Memphis that was totally free but couldn't get people to come to it. They didn't fit who they were and how they operated for what they wanted to do.

So part of this is understanding we have a very deep challenge in America with cultures of poverty which is now compounded because they are also become cultures of drug use and cultures of sui-

cide. I mean I think it is a huge problem for this country.

Ms. Lee. As well as racism and racial inequities.

Thank you, Mr. Chairman. And I might have a second question when we finish.

Thank you.

Chairman YARMUTH. The gentlewoman's time has expired.

I now welcome our newest Member, Mr. Moore, and recognize him for five minutes.

Mr. MOORE. Thank you, chair, and ranking member for the very warm welcome. I appreciate that. I am thrilled to be here for my first Budget Committee meeting.

And, as mentioned too, I am the father of four boys, nine and under. So my wife and I are very much in the thick of early child-hood development.

And I want to give an example to try to put a little bit of context to what we are talking about today. While I would never admit to which one is my favorite, especially on the congressional record, we have put an enormous amount of extra special attention on Winnie. Winnie is a 6-year old with autism spectrum disorder. And he just finished his first year of kindergarten at a traditional kindergarten where he was allowed to have an aid come in and help. And we have been giving him gobs and gobs of resources from the very start when we recognized that there was going to be a developmental delay. And I come from one of the most conservative states in the nation. I come from the state with the strongest economy, and I come from the state that gets criticized for what are they doing, not spending enough on education and early childhood. We have been so fortunate to take advantage of many programs that my state, my very conservative state, does have a part of. And I laud and I am very appreciative of our state legislature for always being able to balance where we would—you know, how we handle this. I look at the success that we have had, and we are very excited about the future holds for Winnie.

But the point that I am trying to make, and I want to do it in the most sincere way possible, is that there are times where we need flexible spending our family finances to be able to go and address issues that come up. And my siblings, none of them have this issue, none of them has a child that had these particular types of needs. They had other issues. We have to have flexible spending and an opportunity—when you want to call it disposable income, whatever you want to call it, we need to be able to have that in our individual families.

So we empower families. I love what Speaker Gingrich said about empowering families over empowering government. And that is the part that I am most frustrated with. I voted against the \$1.9 trillion American Rescue Plan because for that exact reason, is I don't believe that it empowers families and it empowers us to be able to make decisions.

And as I look at what the outcomes have come in the last 18 months where we have seen record inflation and decreasing real wages, that will limit the family's ability to address some of these issues. And, again—and I am admitting that there are many programs that my very conservative state has put in place that have helped. And I have been a part of it. But there is a balance here and we cannot allow our economy to get to a point where we are having runaway inflation that will limit individual families being

able to go and address this issue.

Speaker Gingrich, you have already talked about how family finances, federal deficit spending, and everything can be a problem. There are two other things that I wanted to get a chance to ask you about. And that is the work requirements in welfare programs and then the budget process in Congress. And I just wanted to give the time to you for the next couple of minutes. Do you have any thoughts-I am a big fan of what you accomplished when you were—in the 1990's and what you were able to do in a bipartisan way. I have put together a task force that provides some of these recommendations. Would you offer any other ideas to this group on fixing our budget process and/or addressing how important is the work requirement into welfare programs?

Mr. GINGRICH. Well, first of all, let me thank you for your very personal testimony, which I found very moving. And I think it is important that people realize that we are not just talking about abstract public policy, but we are talking about real families and real children and real situations. And I think you helped with that comment.

I will just stay two quick things in the time that we have available. One, and this will shock some of you, but I actually agree with the approach of listen, learn, help, and lead. If I could get any one thing across the Congress—because remember, every single reform that we passed in 4 years had to be signed by Bill Clinton. We had to be bipartisan. And every single reform Bill Clinton was going to get to sign had to be passed by a Republican Congress. So we had a vested interest in listening to each other. And I would start there. There is more than enough ground I think for people to find an opportunity to be positive in creating in way that is good for America.

Second, I really do believe—and I can't say this too strongly—you need to look at balancing the federal budget as a big project, not a series of little projects. The corruption opportunity is so staggering, there is so much out there. And that money could all be either going back to the taxpayer as a tax cut or it could be going to new programs or there could be some way to divide it. But the fact that the Congress doesn't take seriously the theft—literally theft of billions and billions of dollars I think is a major lost opportunity, both in funding programs that matter and in getting back toward a balanced budget.

Thank you for your question. Mr. MOORE. Thank you, Chair.

I yield back.

Chairman YARMUTH. The gentleman's time has expired.

I now recognize the gentleman from Virginia, Mr. Scott, for five minutes.

Mr. Scott. Thank you, Mr. Chairman. And appreciate the opportunity to participate.

I just want to make one quick comment about the problem of inflation. This is a global problem. They expect—if you look at the Euro Zone, they have worse inflation than we do. They expect 11 percent inflation in Great Britain by October. There is nothing we did here in America to create global inflation. It exists and we have to deal with it.

What we are doing is a three-prong approach. One, putting money into people's pockets so that they can pay the higher prices. We did that with the Rescue Plan with the stimulus checks, earned income tax credit, the child tax credit, and others. We are improving the supply chain to get more goods to the shelves to make sure they are not stuck out in the Long Beach Harbor. We have made investments to Hampton Roads Harbor. Hampton Roads ports have gotten funds from the infrastructure bill. And we are putting more people to work in training them, childcare, job training to make sure that we can more productive. We are dealing with inflation.

My fear is that if we do some of the things that are suggested to squeeze the American economy with much higher interest rates, we may put us into a recession and still not do anything about the global inflation. Dr. Black, you mentioned that WIC was based on science. You know, you suggest that like there was some other way to make decisions on WIC. Can you just make a quick comment about why science is important and not slogans and sound bites?

Dr. Black. Thank you. I appreciate it. Thank you, representa-

tive, I appreciate your question.

Yes, WIC is very clearly based on science. It is based on the science that we know that during their pregnancy women need to have healthy food and they need to have their healthcare looked after. And the benefit of that is not only to the women, but it is to the infant. And we know that infants who are born healthy, who are born at term, who are born at an appropriate birth weight have the best chance to not only live during the first year of life, but they have the best chance to prosper and live throughout life. So WIC is—

Mr. Scott. And these benefits are not just healthcare costs but also education and other measurable outcomes?

Dr. Black. Thank you. Absolutely. They are comprehensive. So they benefit children's education and actually followed through you can find benefits that prevent non communicable diseases, as WIC helps children build healthy habits. So the healthy habits include dietary habits and, for those who go to early childcare, they are also physical activity habits. The habits that we build very early in life stay with us and that is why WIC is laser focused on those very early years.

Mr. Scott. Thank you.

Mr. Malik, one of the problems with some of these good cost effective programs is that the costs are paid by one agency, like a city doing a city jobs program, and the benefits accrue to other agencies, like a state department of corrections, in lower costs. Do you have a way of dealing with that?

Mr. MALIK. Thank you, Congressman.

I think your bottom point is worth echoing, which is we know we have a lot of fantastic educational and health benefits that derive from investments in early childcare and early education. The thing that it is worth stating for the record here is that we all benefit from the investments in education, as we know through our long standing public education system. And when those services are extended to more families with babies, toddlers, and preschoolers, they are even compounding and rippling benefits through the economy in the near-term, in terms of parents being able to work, go and get further education, pursue opportunities that they might not have if they didn't have the stable, reliable childcare.

But there is also of course long-term, long run benefits for those kids as they are more likely to graduate high school, go on to col-

lege, have less contact with the criminal justice system.

Mr. Scott. I don't mean to cut you off, but I am trying to get another comment in quickly about the deficit, because the Speaker

has talked about the importance of the deficit.

The fact is that every Democratic administration since Kennedy has improved the deficit under their administration. Every Republican president has left office with a worse deficit situation. And my recollection on the Clinton-Gingrich budget was that when the vote was taken, when Marjorie Margolies-Mezvinsky cast the 218th

vote, the Republicans waved bye-bye Marjorie, did not produce a single Republican vote on that bill. And, in fact, two years later when the bill—when Speaker became Speaker, the government was shut down because President Clinton didn't want to dismantle his budget. And when the bipartisan vote finally occurred, the deficit had essentially been eliminated.

So I think we need to talk about the importance of the deficit and give credit where credit is due.

Thank you.

I vield back.

Chairman YARMUTH. Thank you. I hate to cutoff the other chairman, but I need to do it. The gentleman's time has expired.

I now recognize the gentleman from Wisconsin, Mr. Grothman, for five minutes.

Mr. Grothman. Thank you. I have a lot of comments here.

First of all, the Chairman says that over the last three decades things have gotten worse. I will point out that at least in Wisconsin in the last three decades the age at which children are cared for by the state continually drops. And I am assuming—I mean half the five year old kindergarten was the norm 30 years ago, now I think it is like four year old is the norm. I am sure we have more childcare subsidies as well. So if the answer is more early childhood, I mean these test scores of American education would not have been falling for the last three decades.

Second, I am somewhat stunned that we have three experts here talking about what we can do to help children in their early childhood years and they don't address any of their speaking to the fact that the easiest way to stay out of poverty is to encourage marriage. Instead they cite the same old programs, which if anything discourage marriage because things like the earned income tax credit—you know, if you are not married, you are going to get more money. I don't think that is a particularly good thing. I think the best thing to do would be to change the culture and go back to the pre-Great Society years when presumably we had better test scores and we would have better outcome for the children. Lately we have politicians standing with groups like Black Lives Matter. And I realize this is a diverse group, but their founders claim to want to get rid of the traditional nuclear family, you know. And I think you should, rather than support that type of thinking, I think you would do a better job of spending some of your time encouraging people to get involved in a traditional families.

Third, the Chairman here talks about the poor moms who are sitting at home and wishing they would go to work. That is not true. I am looking at the study that you cite and I see group in things like women who don't have kids at home, many of them want to work, but despite the overwhelming social pressure to answer the questions that I wish I was working, the majority of women with children under age 18 would prefer to be homemakers, they would prefer to stay at home. And that is before you—and that is children under age 18. I wonder what would happen if Gallup included that question for children under age five. I mean then I bet it would be overwhelmingly that women would rather be stay-

ing at home.

And I will point out that I think whenever you question Gallup or other things, there is a temptation to act politically correctly. I am sure if you were a mom and asked these questions living, let us say, in a hotbed of intolerance, like Berkeley, California or Madison, Wisconsin, the pressure must be overwhelming to say I would rather work. But despite the pressure, the society pressures they would rather be working, the majority of women still say they would rather be at home.

Next, if we look at studies on preschool, look at the famous Brookings Institution study, a liberal group, they could find no discernible benefit for Head Start. Now, of course, being a liberal group I think they felt the answer is to spend more money on Head Start, you know, things to that degree. But that is interesting, which—and also look at the studies put out by a conservative group, like Heritage Foundation, that would indicate that early childhood is not a benefit.

Next thing I would point out is that when you increase these early childhood programs, sometimes what you do is you take children away from a family type situation which they are cared for by the aunt or by the grandparents and again shift them to strangers. I don't think there is anything wrong with having children raised by a grandparent or an aunt, or something like that. But that is inevitably what will happen as you flood more money into these so called free childcare programs.

And I guess my final comment, I in general don't quote communists. But I guess that is it. I will give back my final 45 seconds to my Chairman.

But there are some—

Chairman YARMUTH. The gentleman yields back the balance of his time. We appreciate that.

I now recognize the gentlewoman from the U.S. Virgin Islands, Ms. Plaskett, for five minutes.

Ms. PLASKETT. Thank you, Mr. Chairman. And thank you to you and the Ranking Member for convening this hearing.

I wanted to ask some questions because I do believe that supporting children and making the appropriate investment yields outcomes that are economic and financial in nature for our country, saves us money over a protracted period of time.

In the Virgin Islands, according to Kids Count, which is a survey that is done, childhood poverty in my district of the U.S. Virgin Islands is approximately 30 percent, which is significantly higher than the national average of 16 percent.

I wanted to ask the witnesses that are here, in their expert opinion and their learned opinion, what policy should the federal government be pursuing to tackle childhood poverty in areas with extremely high rates, such as the U.S. Virgin Islands. Are there mechanisms that the federal government can use to jump start and eliminate child poverty in those areas to bring it at least in parity with the rest of the United States?

Anyone?

Dr. Hoynes. I would be happy to take that on. If you will indulge me a very small personal note. I happen to have a connection to St. John in the U.S. Virgin Islands. I am delighted to be able to have this—

Ms. Plaskett. Love City, as we call it.

Dr. HOYNES. Exactly. Šo it is great to see you, Representative Plaskett.

Ms. Plaskett. Thank you.

Dr. HOYNES. So the numbers for the U.S. Virgin Islands in your district, that is very high and much higher than the national average. And your point that we have demonstrated evidence that spending more in terms of these programs targeted at children are going to yield important returns in the long run that will then transform those poverty rates in the next generation to be lower, that is the operating premise that comes out of what is now an extensive body of research.

So if I were to start to say what should we do more of in order to get that 30 percent down, I think I would turn to what we saw in 2021. And I would be interested to see what the projections are for the reductions in child poverty in your district from the expansion of the child tax credit in 2021. Because what we saw from that expansion was essentially the largest reduction in child poverty—the numbers for 2021 are not out yet, so we are still in the world of doing more predictions than having the full census data, which will be released in the fall. But what we know from the available evidence thus far is that that reduction in poverty is greater than anything, any single act, any single policy change that we have engaged in in the United States since we started measuring poverty in the early 1960's.

And to get back to some of the comments that have been raised in the earlier conversation, a critical thing about the child tax credit, it ticks a couple of boxes that have come up. Representative Moore talked about the importance of flexible spending. The tax child tax credit provided resources that were very flexible for families

No. 2, what we know about—you know, I am an economist, we study both the benefits of programs and the costs of programs and we talk about tradeoffs of benefits and costs. And when we provide assistance to families we need to quantify, we need to build into the costs, the effects that they might have on employment and earnings decisions. And the powerful thing about the 2021 expansion of the child tax credit is it made work versus no work on parity. If you were working, you got the child tax credit, if your hours were cut, you still got the child tax credit, until your earnings were, you know, up to way beyond the median in the United States, you still got the child tax credit. That is the power of a safety net.

Ms. Plaskett. Thank you.

Another question I had related to children is with regard to schools. In July the Virgin Islands board of education released a report on schools in the Virgin Islands, which found significant environmental, health, and fire deficiencies. Indeed, the Virgin Islands fire service even stated that numerous schools are so unfit for the purpose that they should be demolished.

Can any of the witnesses speak to the impact of unsafe, unhealthy, or unfit schools have on childhood education or child development? And what the protracted outcome of that is on society?

Dr. Black. Thank you very much for your question.

Children benefit by having an environment that is safe, that is predictable. Having a school as you described would be frightening not only to children, but also to their families. Families look to schools to protect children, to help children learn, and to ensure their safety. So investing not only in the structure of schools, but the hygienic aspect of schools, along with ensuring that the teachers are supported in schools. It is unhealthy for teachers to be surrounded by an environment that is not respectful. So I would think that a more comprehensive approach to education that looked at the environment, that looked at the security, looked at the safety, looked at the support teachers, and of course had a curriculum that was designed for the children, would ensure confidence in the education system for all involved.

Thank you.

Ms. Plaskett. Thank you.

Thank you very much, Mr. Chairman, for the ability to question the witnesses for this really important discussion on investing in our future through our children.

Chairman YARMUTH. Thank you. The gentlewoman's time has expired.

I now recognize the gentleman from Texas, Dr. Burgess, for five

Dr. BURGESS. I thank the Chair. And, Speaker Gingrich, it is good to have you in Committee again, even if it is only virtually. We always appreciate what you have to say. And this time you did not disappoint. You gave me a new term, "suicide by hubris", and I think that is one that we all ought to incorporate into our discus-

You know, I am struck by the fact that it is probably too late to do anything to save this Congress. I hope it is not too late to do anything to save this Administration. But Speaker Gingrich gives us some important food for thought as we approach the next Con-

gress that if nothing else we shouldn't be wasting money.

Now, Dr. Hoynes has pointed out the earned income tax credit is of value. You lower the incidents of low birth weight infants with the earned income tax credit, you improve test scores of children, and the increased probability of someone completing high school. All of those are good things. But then according to the IRS's own website, 21 to 26 percent of EITC payments are improper payments. Now, it is not to say fraud, but improper payments. They even suggest that maybe it is the complexity of filing for EITC that leads to those improper payments.

But I guess, Mr. Speaker, my question to you is do you think in the next Congress the type of oversight from this Budget Committee to really drill down on where these improper payments are and why they are occurring—and, look, we could boost the EITC budget by 25 percent if we just paid for things that actually

mattered.

Mr. GINGRICH. Well, Congressman Burgess, first of all, thank you. It is always good to be here and I appreciate the question.

Let me go back to what I thought was the very heartfelt questions of the representative from the Virgin Islands, because if you have a community of poverty, it is very hard to help the children get out of poverty since by the time they become adults they are still trapped in a community of poverty. And we know there are steps you can take that can dramatically transform it, but it has to be holistic. It has to approach the safety issue, it has to approach infrastructure, it has to approach the kind of incentives needed to create jobs so that a community of poverty ends up as

a community of opportunity.

Now, let me apply that to your question. Now, I am fascinated that California lost \$20 billion in unemployment allocation, apparently, from the district attorney who I interviewed for one of my podcasts, largely to criminals in the California prisons using the California prison computers for identity theft. Now, north of California, Washington State lost about \$600 million, apparently largely to Nigerians who were operating out of places like Lagos, using again identity theft.

If you take every requirement that makes the Virgin Islands a flourishing paradise in the Caribbean, it is probably less than 10 percent of what was stolen by criminals in California, let alone

across the whole country.

So I would hope that the process of looking at fraud, theft, which by the way really affects Medicaid and Medicare in some states, the process of looking at why does the system not work correctly, I would hope that this would be a major part of this Committee's assignment next year. And I think you will be shocked at how much money you can liberate and you can take away from criminals and return back to the purposes they are for, either to cut

taxes or to pay for necessary programs.

Dr. Burgess. So, Mr. Speaker, when you have the Center for Health Transformation—one of your scholars there, Jim Frogue, has written what I consider the basic book that ever Member of Congress ought to become familiar with, "Stop Paying the Crooks", which dealt with the inappropriate, improper payments in Medicaid. And I think you are exactly right. And the oversight functions of, yes, our committees on energy and commerce, but in particular our Budget Committees. And pay attention to the Chief Financial Officers' Act that was passed back in 1990. We need to use those parameters to be able to stop paying for things that we shouldn't pay for and allow those dollars to be used for what they were intended, what Congress passed the laws in the first place.

So I thank the Speaker for participating in our hearing. I look forward to working with you next year when we actually have a chance to perhaps positively affect some of these things.

Chairman YARMUTH. The gentleman's time has expired.

I now recognize the gentlewoman from Texas, Ms. Jackson Lee, for five minutes.

Ms. Jackson Lee. Thank you, Mr. Chairman, for this very important hearing. And certainly it is a pleasure to be able to see the Former Speaker, who I had the privilege of working with. And, as the Speaker knows, we certainly had disagreements, but it is appropriate to show respect. And to the other witnesses that are here, thank you for your presence as well.

We understand that this hearing is important because we are examining the practical impact of our budgetary actions on children and families who must always remain a top priority in everything that the Congress does. The Supreme Court's recent ruling in

Dobbs amplifies the urgency of these issues. The Court and my colleagues across the aisle who are supposed to be pro-life must now show Americans and support Americans through every stage of life.

But let me wake them up. In the year 2020 the United States census released an official supplemental poverty measure report showing that 11.6 million American children were living in poverty. These 11.6 million children constituted roughly 16 percent of American children. There is no real desire among my friends on the other side of aisle to make real on their commitment and thought about our children. And so it begs the question as to whether or not we could even have a serious discussion.

I want to make sure that we do have a serious discussion and for that reason I want to pose these questions to our witnesses that we have here today.

Let me ask Dr. Hoynes about this whole idea of how we can save children when we embrace family support programs in our budget, including childcare, school nutrition programs, and how much investment really turns out into because we are actively investing, if you will, in a future life for these children.

Dr. Hoynes, can you help us with that?

Dr. HOYNES. Yes. Thank you very much for this important question.

So what we know, which has now really emerged in a decade of broad based research and social science, is that providing more food nutrition programs, both from WIC, as Dr. Black has talked about, as well as through SNAP, which I have studied extensively, as well as school meals, that these programs are extremely important in building a foundation for future economic and health success

among our children.

And in particular the work that I have done on SNAP shows that the years in particular up to age five, perhaps because school meals kick in once kids are in kindergarten—we don't really know for sure—but that those years are particularly sensitive years for generating a good foundation for children and a good foundation that yields a broad range of improved outcomes into adulthood. And these outcomes take some time to emerge. You now, we have got a little bit of data when the kids are in school on test scores, but really the data starts to become much more available once we have completed education, high school, college going, labor market connections, as well as kind of health in adulthood.

So that is sort of the basic formula that we see emerging from

the research on food and nutrition programs.

We also find that programs that are a bit less targeted, not in kind, so the earned income tax credit, as well as some evidence on the available—

Ms. Jackson Lee. I want to thank you, Doctor. I would like to pursue that with our other witness, Dr. Black. Thank you so very much.

We know that there are millions of Americans who face food insecurity every day. Dr. Black, you deal with nutritious food, but I also want you to stretch a little bit to give the impact of the child tax credit that the American Rescue Plan provided a lifeline during the pandemic when really there was a mountain of unemployment frustration, depression, what to do with our children. Can you just quickly respond to the importance of fighting against food insecurity? Remember the backdrop of President Reagan, who made ketchup a vegetable. Can you quickly do that? I know our time is short.

Dr. Black. Yes. Thank you. I appreciate the question. It is such

an important issue.

Food insecurity beats at the heart of American children. What families do in order to assuage hunger is that they give children low-cost food that is very low in vitamins and minerals and very, very unhealthy for children. So these are food like—without naming a product—things like noodles. So they fill you up, but they eat away really at your health. I am part of a group called Children's HealthWatch that studies food insecurity and strategies to reduce food insecurity throughout the country. This is a major, major problem in our country that during the time of early brain development that we really cannot afford not to invest. The cost of not investing in these children we will all as a country pay for.

Thank you.

Ms. Jackson Lee. Mr. Chairman, thank you very much. And I am glad we are on the side of investing in our children.

I yield back, Mr. Chairman. Thank you so very much.

Chairman YARMUTH. The gentlelady's time has expired.

I now recognize the gentleman from Virginia, Mr. Good, for five minutes.

Mr. GOOD. Thank you, Mr. Chairman, and thank you, Speaker Gingrich, for joining us. I would like you to take my whole five minutes and just tell us everything we are doing wrong in Congress and everything you would do differently if you were still the Speaker.

And I am only half kidding, so I will give you a few moments to

expound upon that, but thank you for joining us.

You know, we have spent, as you know better than anybody, trillions of dollars—trillions of dollars over the last 60 years in the name of the great war on poverty with very little to show for it in terms of tangible results in making a difference in the lives of those some would report to desire to help. And this is coming from someone who—I grew up on food stamps, I grew up with free school lunch back when you were one of few in your school. I grew up in an inner city school system where I was one of the few kids on school lunch. I grew up with groceries left on my porch from other families who took a benevolent interest in my family. I grew up without a car and had to walk everywhere—you know, our family did. I had to work and pay my own way through school. But what we have done, as you know, with all the spending is very little to show for it other than hiring bureaucrats, growing the national debt, expanding the culture of dependency.

But a shining moment for us, as you well know, was the 1996 welfare reform law that you spearheaded, which replaced the open ended Aid to Families with Dependent Children with the Temporary Assistance for Needy Families, or TANF. Can you tell us about the work on that and the results of that? Can you hear me,

Mr. Speaker?

Mr. GINGRICH. First of all, thank you very much for the oppor-

tunity.

Welfare reform began in 1965 when Governor—then candidate Ronald Reagan running for Governor first came up with the idea that we ought to return to a work oriented welfare system. There were various experiments, the efforts to get things done. It was very, very hard to get it through the Congress, as it was organized prior to 1994. But there were occasional opportunities—exemptions offered by mostly HHS, the Health and Human Services. And people like Tommy Thompson in Wisconsin and John Engler in Michigan and George Allen in Virginia began to take advantage of that and they began to notice that if you emphasized work, to pull your program around work, that you had all sorts of second and third order effects. At the same time we went and studied-I personally went to New York and studied America Works, which was a longterm recovery program sponsored by Mario Cuomo in the 1980's and which had developed a very specific program for taking people who were very long-term welfare recipients and basically taking them by the hand for six months to a year until they thoroughly understood the work ethic, thoroughly understood how to go to work, et cetera. Because there are a lot of complexities that those of us who grow up in a work oriented family learn from showing up on time, to dressing correctly, to making sure you are accurate in giving change. I mean there are all sorts of stuff.

And so the America Works model and we took the lessons learned at the state level—we actually asked the states to send us their top welfare people who had been running the programs, and then we worked with President Clinton and we gradually hammered out a bill which got—basically got about half the Democrats.

I think it was split like 98 yes and 98 no.

Mr. GOOD. If only we could do that today.

Mr. GINGRICH. Well, I think you can. You know, they didn't vote because they liked me, they voted because when they went back home people back home said, yes, that is what I want. Well, every study we had done—we were on a project called the American Majority Project, which you can see at Americanmajorityproject.com, and the work ethic, very, very high value for the American people. So a program that reestablished the work ethic would be important. And that has a psychological impact on the children. I mean if your parents do nothing all day, if they sit around waiting for the next government check to come in, if they are totally dependent, you are learning a set of habits that cripple you for the rest of your life. And so it is very important, one, to go through the system and take out everything which is anti-marriage, every single incentive that encourages people not to get married and not to stay married. And, two, to take out everything which discourages work. You make those two changes, in the matter of a very short time, you will have a much healthier country and you will have children who are growing up in much healthier environments.

Mr. GOOD. Thank you so much. That was the case for me. I was taught to work hard and the value of work. And you are right, the work ethic and supporting intact family units. Great deterrent to

poverty.

Thank you, Mr. Speaker.

Chairman YARMUTH. The gentleman's time has expired.

I now recognize the gentleman from Nevada, Mr. Horsford, for five minutes.

Mr. HORSFORD. Thank you so much, Mr. Chairman, for holding this hearing and thank you to our witnesses for appearing before the Committee.

I am also glad that we are here to emphasize the overwhelming differences in outcomes that early childhood interventions can create. And I want to start by saying Americans are hardworking. I really take offense to the narrative that some are trying to frame Americans as somehow not hardworking. This last two years has shown that the American people are resilient, they don't give up, they overcome great obstacles, and they are focused on returning to work.

I represent Nevada's Fourth congressional District, which was one of the most hard hit sectors with hospitality, tourism, and my folks are going back to work. But unfortunately childcare is one of the barriers that many people, particularly women and families indicate they need more affordable quality childcare. I haven't heard a whole lot of emphasis around what we need to have around quality.

So I would like to talk about how these are investments. We spent a lot of time on how much expenditures are being made. Childcare is an investment. And, yes, I voted for the American Rescue Plan because it supported funding for essential support, including childcare. Now, when the Republicans were in charge and the former Administration was in charge, they chose to give tax cuts to the very wealthy. That was their choice. Our choice was to invest in the American people during a pandemic.

Dr. Hoynes, you made the case better than anyone that we see benefits not only paid back over the long-term, but they are paid back to society with significant interest. Child poverty affects all of us, regardless of our income. Even by conservative efforts, we are leaving \$800 billion a year of economic activity on the table by allowing children to continue to languish below the poverty line.

So since you discussed how the expanded child tax credit more than pays for itself in increased economic activity, including to the private sector, that is money that is reinvested back into local small businesses, which we desperately support, would you be able to explain how some of the non-direct costs society incurs by not dealing with child poverty, such as lower potential future earnings or shortened life expectancy?

Dr. HOYNES. Thank you for that question.

So we know that providing more resources when children are young translates to a broad set of improvements in adulthood. And I think the key across the studies, there is one outcome that shows up in almost every study, and this is human capital, educational attainment. And educational attainment is like the turnkey to getting higher earnings in the labor market, which has of course direct effects on the family, on the child, but as you point out, pays back returns to the society at large. Higher earnings mean more tax payments, higher earnings mean less transfer payments. And so there is very direct effects that show improvements for the child

and the family, but also important dividends, if you will, that pays back to the society in the long run.

And I think really the one thing that we see very consistently is human capital.

Mr. HORSFORD. Human capital. Investing in the human needs that all of us have, and childcare is one of those needs.

Now, in 2020 the adult to child ratio in Nevada preschools was one to 15, which means our teachers have to look after 50 percent more children than what is recommended. This includes many of our brave service members who are stationed in my district. This story is far too common. Just ask some of the local constituents in Tonopah, Nevada, where the situation has become so dire that they have no remaining licensed childcare providers. It is one of the reasons that I submitted a community project funding for a child development center in that rural community.

Mr. Malik, could you discuss how childcare deserts are detrimental to child development? And what resources could be made available to reduce the prevalence of childcare deserts?

Mr. MALIK. Yes. Thank you, Congressman.

Childcare deserts are unfortunately ubiquitous throughout this country. The number once source of revenue for a childcare business or a childcare provider is parental fees. And that kind of limits what you can pay your teachers based on what are safe and appropriate—developmentally appropriate ratios of teachers to children. It is not safe to have one teacher trying to watch over ten or 12 toddlers. If you have ever been around three toddlers, you know that that is, you know, pushing it.

So, you know, what we need are—you know, the result is lower and little income communities are vastly under supplied in the types of—the variety of childcare options that we want to see. We want families to have loss of choices, have lots of, you know, ways

to meet their preferences and to find quality options.

And, unfortunately, as I said in my opening statement, the numbers don't work for childcare in America. We need some kind of public investment for something that many people consider a public good in the way that we talk about public education.

Mr. HORSFORD. Thank you, Mr. Chairman. I know my time has

expired.

That is the type of investment I am willing to make. I wish my colleagues would do the same.

Chairman YARMUTH. The gentleman's time has expired.

I now recognize the gentleman from New York, Mr. Jacobs, for five minutes.

Mr. JACOBS. Thank you very much. And thank you to all the panelists and to Speaker Gingrich for being here today. This is a very critical issue for the future of our nation and our young people.

I served for over seven years on the Buffalo school board, so kind of a lot of my tone here will be with that experience, but certainly it highlighted for me the significance of what you are talking about today. I can't recall exact statistics, but I do remember, you know, our kindergartners and our pre-K kids coming in with a significant number of them already needing remedial help because of the fact that they had poor language deficiencies and the other basic build-

ing blocks that are required for them to be able to learn to read. And so this is a very important issue.

Mr. Malik, I just wanted to ask one question. Your testimony about the—that the U.S. invests a small percentage of GDP in childcare and early education, is that federal funding or in total funding?

Mr. MALIK. I believe that is combined federal, state, and local

funding.

Mr. JACOBS. OK. Because I know, you know, we are different than many other places in terms of the majority of our education funding comes from state and local governments, or mostly local governments.

And I go back to my Buffalo experience that I really disinclined to just look at expenditures as a barometer because the Buffalo public school system spends an awful lot of money with not very impressive results. We spend right now probably about \$30,000 per student, and that is the public governmental funding of it. That doesn't touch on any of the additional outside money in terms of nonprofit charitable work, which we have an incredible amount.

I remember vividly when I first came on the Buffalo school board, we had recruited a new superintendent who came from Ohio. After a couple of weeks he briefed us on his impression of the school district and he said, you know, you really aren't running a school district, you are running a jobs program for adults that happens to educate every once in a while. So I think it is very, very important on how we spend the money, that we responsibly spend

the money.

And I just wanted to leave time for Speaker Gingrich, if you could comment a little bit more on what Congressman Good talked about. We talk about the indicators here, the difference that certain expenditures, certain programs have on outcomes. You talk a lot, Mr. Speaker, on incentivizing family formation, removing the disincentives to family formation. From your research, could you just talk a little bit about specifically the impact of not having a two parent household, the impact of fatherlessness in communities. And if we could work toward strengthening our families and two parent households, what your research and experience has shown that that—the difference that would have on outcomes and alleviating long-term cyclical poverty.

Mr. GINGRICH. Well, thank you for the question.

I must say hearing from someone in the Buffalo area automatically for me brings back memories of Jack Kemp, who was probably the greatest Republican advocate of rethinking how we help the poor and how we get people to be prosperous of anybody I ever served with. So I am delighted to have that question.

A couple of quick comments. One, if the government would simply measure outcomes rather than inputs, you would have a much better sense of what is working and what is not working and you would have some really troubling problems, because there are whole programs that don't work. It is not a function of money, they just don't work. And there I would say I helped launch A Nation at Risk at 1983, which was the Reagan reform on education which said if a foreign power did to our children what we are doing to them, we would consider it an act of war. And it hasn't improved.

You look at the Baltimore school system. I can't speak to Buffalo, but I spent a lot of time looking at the Baltimore school system. It is tragic how much we spend and how little we get done and how the children are the ones who suffer. So I think that is a key part of this.

I would also say if you look at Marvin Olasky's great book, "The Tragedy of American Compassion", and Charles Murray's book, "Losing Ground", you will get the framework of everything you need to know. You want to make sure somebody does not end up in poverty, have them complete high school, have them not get married until they are out of high school, and have them get a first job. They were almost guaranteed they will never be in poverty. Notice the changes in culture that it requires and the fact that we are now talking about personal responsibility and personal engagement.

So thank you very much for the question.

Mr. JACOBS. Thank you.

Chairman YARMUTH. The gentleman's time has expired.

I now recognize the gentleman from Massachusetts, Mr. Mouton, for five minutes.

Mr. MOULTON. Thank you, Mr. Chairman.

Eradicating lead in water is one of the most critical ways that we can improve the health outcomes of our children who, when even exposed to low levels of lead, can have permanent damage to their central and peripheral nervous systems, learning disabilities, shorter stature, impaired hearing, and impaired formation and function of blood cells. This can cause lower IQ, decreased ability to pay attention, under performance in school.

An estimated 3.6 million American homes with at least one child have significant lead hazards. One in 40 children—one in 40 have lead levels that are considered unsafe. Each lead exposed child costs an estimated \$5,600 in medical and special education services. And that is just for the times that they are a child. We are not even talking about the lost productivity of these poor kids

throughout their entire lives.

Democrats worked to pass the bipartisan infrastructure deal, which included more than about \$40 billion to support safe drinking water, including about \$20 billion for safe drinking water, \$15 billion for dedicated funding to replace lead pipes. Think about that. \$15 billion just to replace the pipes that are still full of lead in our country. \$12 billion to ensure clean water for communities, \$1.8 billion to protect regional waters, \$135 million for additional water improvements.

Now, Speaker Gingrich, you were in the House for 20 years. House leadership for 10 years, a Speaker of the House for four years, why didn't you do anything to decrease the amount of lead

children are exposed to in their water.

Mr. GINGRICH. I think that is a great question and I think most of us didn't realize until Flint, Michigan what a disaster so many of our structure systems have been and how much they need to be replaced. And I think the information you just laid out is very powerful and I agree with you. And I think one of the reasons I am for measuring outcomes rather than inputs, and one of the reasons I think we need, for example, that blocking corruption and return-

ing that money to infrastructure, we clearly have public health in-

frastructure requirements that are real.

I think you will also find if you go back that we invested a lot in trying to improve things. And, in fact, without our investments the situation would be worse today. But I agree with your concern and I think lead is one of those things that is so obvious and so clear that starting with the disaster in Flint, it is surprising to me we have not been more effective in identifying every hot spot that needs to be fixed and having some practical, efficient way—and I want to emphasize, practical, efficient way of getting it done, not bureaucratic, not unionized work rules now, whatever triples the cost. But this is a public health crisis and you are exactly right. And I thought your statement was very powerful.

Mr. MOULTON. Thank you, Mr. Speaker.

Mr. Chairman, I yield back.

Chairman YARMUTH. The gentleman yields back.

I now recognize the gentlewoman from Colorado, Ms. Boebert, for five minutes.

Ms. Boebert. Thank you, Mr. Chairman.

Let us just come out swinging. Democrats in Congress are a joke. Leftist policies have led to an invasion at our Southern Border, massive inflation, historically high gas prices, and so much more.

I serve on the Natural Resources Committee. We can't even talk about energy production in the Natural Resources Committee when we have jurisdiction over this self-imposed crisis from the Biden regime and, frankly, from the Natural Resources Committee for not taking up issues on that.

But what do these politicians turn to when they realize November is looking like a massive red wave? They turn to the children. Let us ignore our failed policies and talk about spending more money and let us say it is for children so people will be OK with it. This is disingenuous and the American people see right through this.

You want to support American children? How about we reduce spending and curb inflation so our families can afford new shoes for when our children go to school? Let us implement school choice. Teach our children to love America. Teach them our values that we were founded on instead of squashing those and lying about them. Let us empower parents instead of calling them domestic terrorists when they show up and have an opinion or question about what their child is being taught in our schools?

But this hearing is about Democrats' desire to spend more money that we don't have. Frankly, just printing money at this point. Let us take a look at the track record of how their spending agenda has worked so far—9.1 percent inflation and one of my most favorite seemingly prophetic publications, the Babylon Bee, says that decimal point may be in the wrong place, it might be actually 91 percent inflation. Energy is at 60.6 percent inflation and fuel is at 98.5 percent inflation. The average American family with two working parents has lost \$6,800 in annual income since Joe Biden took office. And yet all leftists on this Committee and throughout Congress want to do is spend money and pretend to be handcuffed for attention.

Speaker Gingrich, I have a question for you.

Under your leadership, Congress passed welfare reform, the first balanced budget amendment in a generation, and the first tax cut in 16 years. Under Pelosi and Joe Biden inflation and interest rates are up while wages are down. Now, Mr. Speaker, do you believe that these Democrat policies will make it more or less likely for our children and families to experience a recession in the near future?

Mr. GINGRICH. Well, look, I think it is pretty clear that—and it is sort of an irony according to this particular hearing that the very policies of inflation, extraordinarily high gasoline and diesel fuel prices, rising cost of food, all of these policies are going to drive more children into poverty. The objective fact is that the policies that the Biden-Pelosi-Schumer team have followed don't work. I just recently wrote a book called "Defeating Big Government Socialism" in which I outline that these aren't accidents, these are policies. They believe in high gasoline prices, they believe in high diesel fuel prices, high heating oil prices, they oppose the American oil industry and the American gas industry. That is why Biden won't go to Texas or Oklahoma or your state of Colorado or western Pennsylvania, but he will go to Saudi Arabia. It is crazy.

So if you really want to deal with children in poverty, get the economy growing, stop the inflation, cut taxes, make sure people

have take home pay.

I mean you are exactly right. I thought actually you were being pretty darn effective just now. This is an impossible situation for the left to deal with and I can tell you, having lived through the Carter years and watched Carter's presidency disintegrate under the combination of a recession and inflation and energy crisis, you know, Reagan beat Carter by the biggest electoral vote margin of any incumbent president in modern history. And in the process we won the Senate for the first time since 1954.

This year I think the American people are going to walk in that ballot box and they are going to think, I really want more of this. And if you really want to care about children, you have to make sure that children's families have enough money that they can afford to have a decent life, that they can afford to do the things necessary. And, frankly, it is disappointing to have a hearing like this and not confront how much government itself has been the prob-

But thank you for asking me.

Ms. Boebert. Yes, Mr. Speaker. My time has expired. Thank you so much.

Chairman YARMUTH. The gentlelady's time has expired.

I now recognize the gentleman from Iowa, Mr. Feenstra, for five minutes.

Mr. FEENSTRA. Thank you, Chairman Yarmuth, and Ranking Member Smith.

It is an interesting time to be here today to talk about this topic. And I will tell you what, this topic is very important. When you talk about access to childcare where parents are struggling right now to find a place to bring their child, to have parents, as we just talked about, where they don't have the dollars to pay for childcare.

In Iowa this is real. I mean this is extremely real. And the problem is that we need workers in Iowa. We desperately need workers in Iowa, but what is happening is we have a parent staying at home because they can't afford childcare. So they have got to make a decision, and the decision is also this, they are sitting around the kitchen table trying to figure out how they are going to make ends meet. Pay childcare? How do I pay for groceries, how do I pay for gas in the car to get from point A to point B? And then we have the situation that is not going to end. Inflation. And the family, the parents are saying, wait a minute, how do I look at a future when groceries are going up, when the things I need to buy are going up, how I need to put gas in my vehicle, and there is no end in sight. And now we have this bill, we have the Democrats continuing to talk about more spending and more spending. They are going to only cripple the problem that is occurring.

Now, the solution to inflation is raising interest rates. We saw that. The Federal Reserve has done that. They increased 75 basis points—what was it now, 5–6 weeks ago. And now they are talking about it again, right. They are talking about it again, saying, hey, we have to raise another 75 basis points or maybe even a full point.

So my question—and I would like to ask Speaker Gingrich about this—so when you start increasing your interest rate, that has a direct effect on the family budget. How does that have a direct effect? Because if they have a car payment, if they have a house payment and it is a variable interest rate, all of the sudden they are going to be paying more.

But I want to know from the Speaker, when we have interest that are going to continue to rise, what happens to our \$30 trillion of debt? So we have \$30 trillion of debt and we have interest rates increasing. That means the short-term and long-term interest rates are—or I should say bond yields are going to go up, how does that affect the American household? Speaker Gingrich, if I could ask you that?

Mr. GINGRICH. Well, thank you for putting your finger on I think one of the great hidden threats in Washington and where the Budget Committee ought to be demanding that the Congressional Budget Office lay out what this is going to do to the federal budget.

As the largest debt holder in the world, the U.S. Government—if we end up in very high interest rates on the federal debt, it is going to eat up the budget.

Mr. FEENSTRA. That is right.

Mr. GINGRICH. I mean people are not looking at—this is part of why we were so adamant in the 1990's about balancing the federal budget, which we did for four straight years with Bill Clinton on a bipartisan basis. But we had a program, cut regulations, cut taxes. All the supply side economics that Ronald Reagan implemented in the 1980's turned out to work. We went back and got them to work again. And inflation came down, interest rates came down, jobs grew, children came out of poverty because their parents were coming out of poverty.

So you put your finger on a huge issue. I don't know the exact numbers. I have my folks at Gingrich 360 the other week run a sort of a—but we are not the budget office, we don't have their data, but I think if we get a significant increase in interest rates from the Federal Reserve, the effect of that on the federal budget is going to be staggering. And it may well mean that the—I am not

certain of this, double check me—but it may well mean with a high enough interest rate that you are actually going to end up with the def payment being equal to the defense budget. Now that is insane. If that was happening to an individual or that was happening to a business, you would counsel them they need to get their spending under control and they need to get their debt down.

When you put—I want to commend you. You put your finger on one of the greatest threats that is about to hit us and I think we are totally unprepared in Washington for thinking through the implications of the largest debt holder in the world suddenly delib-

erately raising interest rates.

Mr. FEENSTRA. Thank you, Speaker. You hit it on the head. That is exactly what I thought. That is how serious and dangerous this is. And what we are talking about right now, we have got to help families, we have got to get our inflation under control, but we also have to understand we have got to quit spending for our families, for our children.

Thank you.
I yield back.

Chairman YARMUTH. The gentleman's time has expired.

And by the way the Congressional Budget Office does that on a regular basis. They make that estimate at least every six months. So that information is pretty widely available.

I am going to yield myself 10 minutes for my questioning.

And I am going to start by saying that it has been fascinating to listen to my Republican colleagues and to Speaker Gingrich when talking about the future of children in this country. And I think we can all stipulate that it would be great if everybody had a job that was well paying and was-that they were qualified for and that they enjoyed and that was convenient to do and that they could afford to work in. It would be great if every child grew up in a stable family with two parents, whether they are male and male, male and female, or female and female. That would be a wonderful thing. And we can wish that that were the case, but it sadly not the case throughout this country and probably nothing that we could do in this body is going to change the fact that there are going to be millions of children, innocent children who did not choose the circumstances into which they were born, that will be suffering with—if we don't act and somebody else doesn't act, they are going to be suffering and diminishing their prospects for a future.

And when I look at—I have a three year old grandson, I have a one month old grandson, they are going to have every opportunity that they could possibly want. But they aren't typical. And when you look a generation or two into the future, the American tax base is going to be composed of a lot of children who come from very unfortunate circumstances, very unlucky circumstances. And that is really what we are talking about today. We are talking about those children, again who don't choose the circumstances into which they were born, who are going to need some help from somewhere whose families most frequently can't provide it, and who represent not just a challenge for our society and our government, but also a huge opportunity.

We are not going to convince people to appropriate more than they are doing now. As a matter of fact, I heard a new story today that because of the Dobbs decision that the incidents of sterilization among women is dramatically rising. Parents are choosing not to have children. So where is that tax base going to come from? We need to make sure that every child born in this country or who immigrates to this country has every opportunity to thrive.

I want to give Mr. Malik an opportunity. I am going to comment on some other things. But Mr. Grothman talked about Head Start, a Brookings report on Head Start. And that seems to be the one report that has been brought up at least for the last 10 to 15 years to undermine efforts to have universal early childhood education in

the country.

Would you care to comment on that study and generally on the benefits of early childhood education?

Mr. Malik. Yes. I don't have in front of me the specific report that Congressman Grothman is referring to. I do know that there was a Brookings AEI consensus report around pre-K and early education, including mentions of Head Start, that found, you know, a wide range of benefits to children, to their families. It is important to note that Head Start doesn't just, you know, provide educational services, but it decreases children's food insecurity, promoted healthier eating habits and physical activity. There are a variety of family services that are attached to Head Start that also have tremendous benefits to the family.

So, you know, there are also inter-generational benefits to Head Start. There are studies that have found that the children of Head Start recipients actually do better than those of similar background but whose parents weren't able to access Head Start.

Chairman YARMUTH. Thank you.

One of the things—we all come to this job and this role with different experiences and from different—very different areas. And on many—the ranking member's district is a lot different than my district. My district is 30 miles across, it is totally urban, we have one school system, it has almost 100,000 kids in it. In that school system, more than 50 percent of those kids are on free or reduced lunch, 50 percent of them at least change schools at least once during the school year because they have been shuffled around between family members or they are homeless and so forth. And one of the things that was probably one of the most impactful things I have heard once was I was in a luncheon on a Friday and I was sitting next to our school superintendent at the time. And they had just-it had snowed and they just called off school on Friday. She said you don't know how much it breaks my heart to have to cancel school on Friday because that is when kids get their blessings in a backpack. They take home their food and that will be all they eat all weekend. This is the type of situation for which WIC and SNAP are critical, don't you think, Dr. Black?

Dr. BLACK. Yes. Thank you. Thank you. They certainly are critical

Chairman YARMUTH. And I could go on at length about the American Rescue Plan and I have defended it a number of times before this Committee. My name is on it as the author, even

though I didn't write one word of it. But it came through our Committee, so it says Mr. Yarmuth on it and I am very proud of that.

And I think we have to go back to that because there is no question that there were incredible problems in the implementation of the American Rescue Plan. But what were we facing? We were facing a crisis that hit us almost spontaneously. Nobody saw it coming. All the sudden 20 million people are out of work, businesses are closing right and left, the economy basically shut down. We faced unfortunately—blame it on whoever going back a long time—we were not prepared for a pandemic. So we are learning as we go along, people were justifiably critical at the time, but the fact is we didn't know how bad it was going to be. We shut down everything. We didn't know that kids were less vulnerable, more vulnerable. We knew if they caught the disease they would give it to their colleagues, their colleagues would take it home, and it would be disastrous.

So when Mr. Gingrich says things like we committed almost child abuse over the last two years, we did not commit child abuse. That is an absurd statement. Forgive me, Speaker Gingrich. We were trying to do the best we could to maintain the safety and health of our kids and our families. And in my particular state, comments have been made about unemployment. And, yes, there is a lot of money who went to people who probably didn't warrant it. In my state unemployment applications went from about 200 a week to several thousand a week. That Department of Unemployment in Kentucky was not equipped to handle the deluge of unemployment applications that they were faced with. So, yes, they were trying to get money out the door. That is what we were all trying to do because we were facing an economy that was on the verge of collapse. So we were trying to get money to businesses, we were trying to get money to state and local governments, we were trying to shore up a sinking ship.

And, yes, in those circumstances, which were unique, at least in my lifetime, we were doing the best we could. And hopefully we have learned lessons about that. And one thing I will agree with Speaker Gingrich on, and some of my Republican colleagues, we rarely think about the implementation of the programs that we put

into place. We need to be much better at that.

And, you know, I stressed with the Administration when we were trying to do the Build Back Better plan that—and talking about childcare, that we can't just say we are going to spend \$300 billion on childcare unless we think about how we are going to build the capacity to do it. In my district, my school superintendent said if we have universal pre-K for three and four year olds, something that I am passionately in favor of, that we would need to hire 400 new teachers and build two new schools. We are already 200 teachers short in our existing classrooms. Where are those teachers going to come from? But meanwhile we would hold out a promise to people who say, oh god, next month I am going to get affordable childcare, and it would happen. So we need to be thinking about that much more.

So I think Speaker Gingrich might agree with me on that point. But, you know, so much of this returns to what I see as a total difference in perspective that some people believe that, in kind of a Darwinian theory, that everybody can pull themselves up by their bootstraps, and that is not our party. The Democratic Party believes government can be a force for good and that in a capitalistic society, where there are invariably winners and losers that don't necessarily have anything to do with who works harder or who tries harder. It is nice to talk about the late 1990's when there was the internet boom and the economy was sailing, but what that internet boom did was for the next 20 years made it impossible for a lot of people to find work, because a lot of jobs disappeared because of it and continue to disappear. And people are not prepared for that.

So we can have great discussions about this, but in the general economic situation. I think what we are talking about today is how can we best ensure that the children of this country, the ones who, again, have no decision in, first of all, being born and, second, how they are living, get the most support so that they can become productive members of society and have the kind of life that we want for our own kids and everybody else.

So with that, I am going to yield back, but I am going to be—I am going to ask for some things to be submitted into the record. There has been some discussion today claiming that work requirements make children better off. In fact, CBO recently found that work requirements inflict unnecessary suffering and do little to actually boost employment and children's well-being. I ask unanimous consent to enter the report from CBO on work requirements into the record.

Without objection, so ordered. [Report submitted for the record follows:]



Work Requirements and Work Supports for Recipients of Means-Tested Benefits



JUNE | 2022

At a Glance

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In this report, the Congressional Budget Office analyzes the effects of work requirements and work supports on employment and income of participants in Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and Medicaid. The agency also assesses how changing work requirements and work supports in those programs would affect the federal budget. In many cases, the size of those effects is highly uncertain.

Effects of Work Requirements on Employment, Income, and the Federal Budget

- Making the receipt of benefits contingent on working or preparing to work has substantially
 increased the employment rate of the targeted recipients in TANF during the year after they enter
 the program and by a smaller amount in later years. Work requirements in SNAP have increased
 employment less; in Medicaid, they appear to have had little effect on employment.
- Although some people have higher income because they work more to meet the programs' requirements, other people do not meet the work requirements and are left with little income from in-kind benefits, cash payments, earnings, or other sources. Overall, the increase in total earnings from TANF's work requirements is about equal to the reduction in benefits. In contrast, work requirements in SNAP and Medicaid have reduced benefits more than they have increased people's earnings.
- In general, tightening work requirements would reduce federal spending by decreasing the amount
 of benefits provided; the extent of the budgetary savings would depend on the details of the policy.
 If lawmakers used the savings from tightening work requirements to increase work supports that
 helped recipients meet those requirements, the federal budget would change little (or perhaps not
 at all).

Effects of Work Supports on Employment, Income, and the Federal Budget

- Subsidized child care, job-search assistance, and subsidized employment have increased the
 employment of recipients, whereas job training has had mixed results.
- In addition to boosting recipients' earnings, federal funding for work supports has freed up
 income that recipients would have spent on those supports to instead be spent on other goods and
 services.
- If policymakers chose to expand work supports, they would need to provide additional funding.
 Child care subsidies can cost several thousand dollars per recipient, whereas less intensive services
 (such as assisting people who are searching for a job by providing access to literature and online
 tools) generally cost less.

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Notes and Definitions

To complete and publish this report promptly, the Congressional Budget Office used its July 2021 baseline for the analysis. CBO expects that the findings would be similar had the analysis used the agency's most recent baseline (published in May 2022).

Unless this report indicates otherwise, all years referred to are federal fiscal years, which run from October 1 to September 30 and are designated by the calendar year in which they end.

Numbers in the text, tables, and figures may not add up to totals because of rounding.

Projected future costs and the other dollar figures in the options are in nominal dollars. All other dollar figures are expressed in 2019 dollars, using the price index for personal consumption expenditures from the Bureau of Economic Analysis to remove the effects of inflation.

Some of the figures in this report use shaded vertical bars to indicate periods of recession. (A recession extends from the peak of a business cycle to its trough.)

References to states include the District of Columbia.

A TANF recipient is a person who receives recurring cash payments through the Temporary Assistance for Needy Families program. Data on the recipients of other forms of assistance provided by TANF, such as job training, are limited.

Intensive job-search assistance is generally provided in person, such as through workshops or one-on-one career counseling.

An **able-bodied adult** is a person over the age of 17 who does not receive disability benefits (either through Supplemental Security Income or Disability Insurance).

A parent is a person who lives with one or more dependents under the age of 18.

A child is a dependent who is under the age of 18.

Cash income generally consists of earnings, business income, income from savings, child support, and cash payments from means-tested programs, Social Security, and unemployment insurance. That measure of economic well-being is similar to what the Census Bureau uses to determine the official poverty rate.

Income includes cash income, in-kind benefits from the Supplemental Nutrition Assistance Program, and refundable tax credits. That measure of economic well-being is similar to what the Census Bureau uses to determine the Supplemental Poverty Measure.

Poverty thresholds are used by the Census Bureau to determine the official poverty rate. The thresholds are based on family income and differ for families of different sizes.

Deep poverty is when a family's cash income is less than half of the applicable poverty threshold.

Welfare reform is the term for a series of actions that policymakers took in the mid-1990s to encourage employment among benefit recipients and shorten the duration of benefit receipt. It consisted of executive actions that introduced work requirements in Aid to Families With Dependent Children (the program that preceded TANF) and implementation of provisions of the Personal Responsibility and Work Opportunity Reconciliation Act.

Summary

The federal government has many programs that are designed specifically to help people who have relatively low income obtain food, health care, housing, and other goods and services that they might not otherwise be able to afford. Those means-tested programs provide cash payments or other assistance to qualified recipients. If recipients' earnings rise, then their benefits typically decline. To counter that incentive for participants to work less, the programs often incorporate work requirements (which make the receipt of benefits contingent on working or preparing to work) and work supports (which make working more feasible and profitable for participants). Work support programs usually also have work requirements. (For example, only people who work are eligible for the earned income tax credit.)

This report focuses on work requirements and work supports in three federal programs: Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and Medicaid. Of those programs, TANF is the smallest, providing monthly cash payments to about 1 million families each year. By law, most able-bodied parents who receive those benefits must participate in work-related activities. SNAP and Medicaid serve much broader and larger populations than TANF; they also have included work requirements at times, but typically applied them only to able-bodied adults without dependents. To support recipients who are working or searching for work, policymakers have made subsidized child care and workforce development services available to some participants in those programs, particularly TANF.

In this report, the Congressional Budget Office analyzes how work requirements and work supports affect the employment and income of former, current, and potential participants. In addition, the agency estimates how changes to those requirements and supports would affect the federal budget over the next nine years. Even though research suggests that means-tested programs can continue to affect former participants for many years, this report focuses on the programs' more immediate effects.

How Do Work Requirements Affect People's Employment and Income?

TANF's work requirements have generally increased employment while having little effect (on net) on average income. Some recipients have earned more by getting a job, but others have lost benefits without finding work, which probably increased the number of people in deep poverty. Work requirements in SNAP and Medicaid have also reduced the benefits that people receive but have increased their employment or earnings less (for SNAP recipients) or maybe not at all (for Medicaid recipients). TANF recipients facing work requirements have been provided with strong work supports, unlike SNAP and Medicaid recipients.

TANF

Most of the research on work requirements focuses on single mothers who received recurring cash payments through TANF or its predecessor, Aid to Families With Dependent Children. The imposition of work requirements in the 1990s boosted the employment of those single mothers but had little effect on their average income, mainly because the increase in earnings for those who worked was about equal to the reduction in cash payments for those who lost benefits. The number of people receiving cash payments has continued to decline over the past two decades; by 2019, the number of recipients was about 2 million, or one-seventh of what it had been in 1993.

Although TANF's work requirements have probably had little effect on average income among single mothers, those requirements have probably changed how income is distributed among that group. The mothers who gained employment often saw their income boosted by higher earnings and receipt of additional tax credits, but many mothers who lost benefits because they did not meet the work requirements were left in deep poverty. TANF continues to be the primary source of recurring cash assistance for able-bodied single mothers without education beyond high school, but the percentage of those mothers who are receiving assistance has fallen along with the total number of recipients.

Before work requirements were imposed, nearly all less-educated single mothers who did not work for an extended period received cash payments. By calendar year 2019, though, about one-seventh of less-educated single mothers had no earnings and no cash assistance, CBO estimates. Many of those families report having almost no income beyond benefits from SNAP. By removing families from TANF before they found work—and by deterring families from entering the program—work requirements have probably played a role in increasing the number of families in deep poverty.

SNAP

SNAP's work requirement has probably boosted employment for some adult recipients without dependents but has reduced income, on average, across all recipients. Earnings increased among recipients who worked more, but far more adults stopped receiving SNAP benefits because of the work requirement. Most of the adults who had their SNAP benefits terminated for failing to comply with the work requirement have very low income because few of them have earnings or receive cash payments.

Medicaid

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Evidence of the effect of work requirements on Medicaid recipients is limited to Arkansas, the only state where a work requirement was imposed on recipients for more than a few months. There, many of the targeted adults lost their health insurance as a result of the work requirement. Employment did not appear to increase, although the evidence is scant. Research indicates that many participants were unaware of the work requirement or found it too onerous to demonstrate compliance.

How Do Work Supports Affect People's Employment and Income?

Most work supports increase employment and income. Subsidized child care, for instance, benefits single parents (its main recipients) by boosting their employment and increasing their resources substantially. Parents who find employment benefit from higher earnings, and those who would have purchased child care even without a subsidy have more income to spend on other goods and services. (The resources of some working parents are unnaffected because they would have had a relative or friend watch their children in the absence of the subsidy.)

Job-search assistance and subsidized employment provided by workforce development programs have

increased employment and income, but job training provided by those programs has had mixed results. According to a study conducted by the Department of Labor in the early 2010s on two of the largest workforce development programs, intensive job-search assistance (such as career counseling) increased participants' average earnings by about \$2,200 in the year following the receipt of assistance. In contrast, job training could reduce employment and income by causing participants to delay their job search or by reducing the number of hours they work. In the Department of Labor's study, participants in job-training programs worked less while in training and did not work more or earn more afterward, on average.

Lawmakers modified the large workforce development programs in 2014 to better align job training with the demands of local employers. A comparable evaluation of those programs' effectiveness since then might show increased employment and income from job-training programs if the alignment between those programs and labor market demand has improved lately. Recent research demonstrates that job training provided by smaller programs can increase employment and income when it focuses on the demands of local employers.

How Might Policymakers Change Work Requirements and Work Supports?

To increase employment, raise income, or reduce federal spending, the Congress could pursue various options that would change work requirements and work supports. Those options fall into four broad categories. Options in a category would typically accomplish similar objectives, although the effects of any particular option on employment, income, and the federal budget would depend on its details (see Table S-1).

Options that expanded work requirements would typically increase employment. But they would have little effect on recipients' average income (net of medical expenses, in the case of Medicaid) or would reduce it because the overall loss in benefits would equal or exceed the total gain in earnings from increases in employment. Some participants' earnings would increase more than their benefits decreased; other participants would be left without any earnings or benefits. If the work requirements were tied to receipt of SNAP or Medicaid, the loss in benefits would reduce federal spending

Table S-1.

Typical Effects of Changing Work Requirements and Work Supports, by Broad Category of Options

Option —	Typical Effects on	People Subject to the Change	Typical Effect on
Category	Employment	Income and Expenses	Federal Spending
Expand Work Requirements	Increase	Average income would change little or decrease; more people would have very low income	Decrease
Reduce Work Requirements	Decrease	Average income would change little or increase; fewer people would have very low income	Increase
Expand Work Supports	Increase	Increase income and decrease expenses	Increase
Reduce Work Supports	Decrease	Decrease income and increase expenses	Decrease

Source: Congressional Budget Office.

Work supports consist of subsidized child care and workforce development services, such as job-search assistance, job training, and subsidized employment. The effects of a particular option would depend on its details.

- because the government pays for a fixed portion of the cost of those benefits. In this analysis, CBO assessed expanding work requirements in SNAP and Medicaid. The SNAP option that CBO discusses in this report might not reduce federal spending because it includes additional spending on work supports. The other option would substantially increase the amount that people who lost Medicaid coverage pay out of pocket for medical services.
- Options that reduced work requirements would typically increase federal spending on benefits and reduce employment. They would decrease the number of people with very low income and would either raise average income or change it little. Reducing work requirements during periods of high unemployment could boost recipients' income substantially while having little effect on employment. In this analysis, CBO assesses reducing work requirements in SNAP and TANF. The TANF option would not increase federal spending because that program's funding is set at a fixed total.
- Options that expanded work supports would typically lead to larger gains in income than options that expanded work requirements, but they would also push up federal spending. In addition, they would increase employment and reduce recipients' expenses for work supports, leaving them with more income to spend on other goods and services. In this analysis, CBO assesses one option that would provide more workforce development services to TANF recipients when jobs are scarce and a second option that would generally increase funding for subsidized child care.
- Options that reduced work supports would typically lead to less employment, lower income, and reduced federal spending. In this analysis, CBO assesses an option that-rather than reducing federal spendingwould shift funding from work supports to cash payments for nonworking families. Such a policy would reduce employment but could raise recipients' income and make deep poverty less prevalent.

Chapter 1: An Overview of Work Requirements, Work Supports, and Means-Tested Programs

The federal government has many programs that provide benefits to help people who have relatively low income. Such means-tested programs—some of which are administered jointly with the states—help the people who receive those benefits obtain goods and services that they might not otherwise be able to afford. Three of those programs are Temporary Assistance for Needy Families (TANF), which funds monthly cash payments along with many other services; the Supplemental Nutrition Assistance Program (SNAP), which assists people in purchasing food; and Medicaid, which provides health insurance.

Although the people served by those programs differ, they generally have cash income near or below the poverty line (see Table 1-1). Most families in TANF, for instance, are headed by single mothers who have no education beyond high school; despite the cash payments they receive from the program, they have very low cash income—in many cases, it is so low that they are considered to be in deep poverty. Income for SNAP and Medicaid recipients is still low but not as low, and a greater share of adults in those programs are married or childless. (In addition, many of those adults are elderly or disabled.)

In 2019, TANF provided cash payments of about \$500 a month, on average, to participating families consisting of an able-bodied parent and two children—an amount equal to roughly 30 percent of the poverty threshold. SNAP provided a monthly food allowance of \$372, on average.\(^1\) Average government spending on health care for such a family in Medicaid was higher—at roughly \$800 per month—but was concentrated among recipients with severe medical conditions.

By design, benefit amounts in TANF and SNAP decline rapidly as participants' earnings increase. That structure can create an incentive for participants to work less, although additional tax credits can offset a substantial portion of that decline. The decrease in benefits tends to be largest for families in TANF, who receive about 50 cents less in cash payments for each additional dollar they earn.

Work Requirements and Work Supports in Recent Years

To encourage participants in TANF, SNAP, and Medicaid to work, policymakers have added requirements to those programs. To receive benefits, participants must demonstrate that they are working or preparing to work. Most adults in TANF are required to work or participate in related activities, such as searching or training for a job. A far smaller portion of adults in SNAP are subject to such a requirement: Many SNAP recipients are elderly or disabled and thus not expected to work, and the requirement is not imposed on households that include dependent children. Medicaid does not have work requirements, although Arkansas imposed a work requirement on some childless adults who receive Medicaid benefits in 2018. (Several other states began implementing work requirements for Medicaid recipients, but Arkansas was the only state that terminated Medicaid benefits because of insufficient employment.)3

To make work more feasible and profitable, the federal government provides funds (often directly to the

The maximum SNAP benefit increased by slightly more than 20 percent in October 2021. In contrast, TANF benefits have nor risen recently in most states and are unlikely to substantially increase in the future because federal funding for that program is not scheduled to rise.

For more details, see Congressional Budget Office, Effective
 Marginal Tax Rates for Low- and Moderate-Income Workers in
 2016 (November 2015), www.cbo.gov/publication/50923.

^{3.} The Trump Administration encouraged states to apply for waivers that would allow them to impose work requirements on Medicald recipients and then approved the applications of 10 states. However, the Biden Administration rescinded those approvals before most of the states had implemented the proposed requirements.

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Characteristics of Selected Means-Tested Programs, 2019

	Recipient Households Headed by Single Parents (Percent)	Typical Benefit for a Parent and Two Children (2019 dollars)		
		Highest Monthly Income Eligible ^a	Average Monthly Benefit	Change in Benefit per Dollar of Earnings
TANFb	66	1,138	504	-0.50
SNAP	25	2,252	372	-0.24
Medicaid ^c	25	2,453	800	Small

Source: Congressional Budget Office, using data from the Urban Institute and the Department of Health and Human Services. See www.cbo.gov/publication/57702/data.

In 2019, the federal poverty threshold for a family of three (a single parent and two children) was \$1,716 per month.

SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

- a. These amounts are gross income limits for initial eligibility, which typically disregard some earnings and other sources of income. Applicants must also meet a net income standard, which further restricts the eligibility of people who do not have much income that qualifies for exclusion.
- b. CBO used benefits in Washington to represent TANF benefits because that state has an income threshold, average benefit, and relationship between benefits and earnings that are close to the average of all states.
- c. Medicaid benefits are measured in terms of the payments that federal and state governments make for the medical care of recipients. In most states, Medicaid benefits do not change as earnings increase until families reach the eligibility threshold. At that point, families lose eligibility for Medicaid but can get heavily subsidized insurance through the marketplaces established under the Affordable Care Act.

states) for work supports, such as subsidized child care and workforce development services. Those services are primarily funded by the Child Care Development Fund (CCDF), Title 1 of the Workforce Innovation and Opportunity Act (WIOA), and TANF. (All those funding sources focus assistance on people with low income, although not exclusively on TANF, SNAP, and Medicaid recipients.)

In 2019, the CCDF funded \$8 billion of subsidized child care; by providing state-run care for dependent children, those programs enabled the parents to work, train, or search for a job.4 That same year, Title 1 of WIOA funded \$5 billion of workforce development services, including job-search assistance, job training, and subsidized employment. TANF provided \$3 billion for subsidized child care and \$3 billion for workforce development services in 2019. Other programs that provide work supports to families in TANF, SNAP, and Medicaid and that also affect people's incentives to work such as Head Start, the child tax credit, and the earned income tax credit, or EITC) are beyond the scope of

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this report. 5 (CBO used 2019 as a proxy for what work requirements and supports will look like after the public health emergency declaration related to the coronavirus pandemic is lifted.)

Changes to Work Requirements and Work Supports During the 1990s

The most significant changes to employment of participants in means-tested programs occurred in the 1990s, when work requirements and work supports were substantially expanded for many participants. The changes were implemented through a series of executive actions followed by enactment of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996. Those legislative changes are collectively referred to as welfare reform.

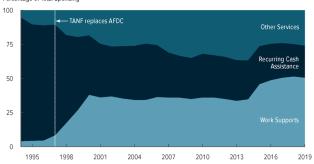
The Congress temporarily increased CCDF funding in 2020 and 2021 in response to the coronavirus pandemic.

^{5.} Head Start provides free care and education for the young children of parents with low income. The EITC was designed to encourage people to work by providing a refundable tax credit that initially increases as earnings rise. The child tax credit also encourages work in the same way (although it temporarily stopped functioning as a work support in 2021 because the American Rescue Plan Act of 2021 made it available to all families with qualifying children regardless of their earnings).

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Figure 1-1.

Spending for TANF and the Programs That Preceded It, by Type of Assistance



States used the flexibility provided by TANF to shift funding from cash assistance to work supports, including subsidized child care

Data source: Department of Health and Human Services. See www.cbo.gov/publication/57702#data.

Before the creation of TANF in 1997, AFDC distributed recurring cash assistance, the Job Opportunities and Basic Skills Training program provided work support, and the Emergency Assistance program supplied other services for low-income families

Costs to administer the program and monitor compliance with eligibility rules are distributed proportionally among the three types of assistance

AFDC = Aid to Families With Dependent Children; TANF = Temporary Assistance for Needy Families.

Before those changes were implemented, the government provided cash payments to qualifying recipients through Aid to Families With Dependent Children (AFDC). Into the early 1990s, that program had only minimal work requirements. From 1993 through 1996, most states imposed their own work requirements on AFDC participants by using waivers provided by the Bush and Clinton Administrations. In 1997, as a result of PRWORA, TANF replaced AFDC. For a family to receive cash payments from TANF, all able-bodied parents in it generally must participate in work-related activities. PRWORA also imposed a work requirement on able-bodied adults without dependents in SNAP.

Welfare reform substantially increased the amount of work supports available to participants in means-tested programs. PRWORA consolidated four child care assistance programs into the CCDF and added \$1 billion in funding. (All figures are in 2019 dollars.) It also allowed states to reallocate TANF funding from cash payments to work supports and other services. The states have used that discretion to drastically change the types of assistance TANF provides. In 1996, for example,

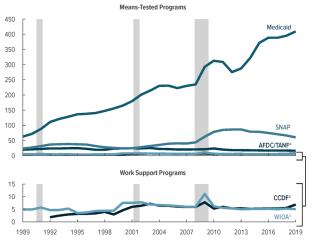
about 84 percent (or \$31 billion) of the federal and state funding for the programs that preceded TANF was spent on recurring cash payments, whereas about 5 percent (or \$2 billion) was spent on work supports (see Figure 1-1). By 2019, states had allocated about 51 percent (or \$14 billion) of TANF funding to work supports. In addition, states reallocated funding for recurring cash payments to a wide array of other services, leaving only about 23 percent (or \$7 billion) of TANF funding for those recurring cash payments in 2019.

Welfare reform coincided with a large increase in the EITC, which also supports work. The Omnibus Budget Reconciliation Act of 1993 roughly tripled the maximum credit for families with two or more children and roughly doubled the maximum credit for families with one child. Those increases were phased in from 1994 through 1996. In addition, policymakers created the

States spent the remaining 26 percent of TANF funding on a broad array of other services, including initiatives to reduce out-of-wedlock pregnancies, encourage two-parent families, and support the foster care system.

Federal Spending for Selected Means-Tested and Work Support Programs

Billions of 2019 Dollars



Over the past few decades, federal spending on SNAP and Medicaid has increased substantially, whereas spending on AFDC/TANF has fallen from \$20 billion to \$16 billion. The CCDF and WIOA have each provided about \$5 billion per year in work supports.

Data source: Congressional Budget Office. See www.cbo.gov/publication/57702#data.

Work supports are funded by the CCDF (subsidized child care), WIOA (workforce development services), and TANF (subsidized child care and workforce development services). The transfers that states make from TANF to the CCDF are only included as spending on TANF. Amounts for WIOA are appropriations because data on spending were not available.

CCDF = Child Care Development Fund; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families; WIOA = Workforce Innovation and Opportunity Act.

a. Includes spending on predecessors: the Child Care Development Block Grant for the Child Care Development Fund, the Workforce Innovation Act and the Job
Training Partnership Act for the Workforce Innovation and Opportunity Act, and Aid to Families With Dependent Children for Temporary Assistance for Needy
Families. The WIOA and its predecessors funded a wide range of programs.

child tax credit in 1998. That credit was available to few working families with low income before 2001, however.

Changes in Federal Spending and Enrollment

Over the past few decades, federal spending on SNAP and Medicaid has increased substantially, whereas spending on AFDC/TANF has fallen drastically (see Figure 1-2). In 1989, the federal government spent \$63 billion on Medicaid, compared with roughly \$20 billion each on SNAP (which was known as the Food Stamp program at that time) and AFDC. (Again, all figures are in 2019 dollars.)

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Medicaid spending exceeded spending on the other programs in 1989 largely because health care coverage was much more costly than other benefits, a trend that has persisted. Spending per enrollee and the number of enrollees in Medicaid have increased substantially since 1989, bringing the program's total federal spending to \$409 billion in 2019 (in addition to the \$221 billion states spent on the program in that year). Federal spending on SNAP has also increased (to \$60 billion in 2019), driven mostly by a rise in the number of recipients. For Medicaid and SNAP, funding has been adjusted over

^{7.} In 2019, states spent \$4 billion on administrative costs for SNAP.

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How Are Means-Tested Programs Funded?

Means-tested programs are funded in various ways. Lawmakers furnish a specific amount of money for Temporary Assistance for Needy Families (TANF), which is primarily provided in the form of a block grant. The state family assistance grant, which totals about \$16.5 billion, has accounted for 95 percent of TANFs federal funding in most years. In recent years, the contingency fund has provided around \$600 million in additional funding.¹

Funding for the Supplemental Nutrition Assistance Program (SNAP) is handled differently. The amount of money appropriated for SNAP each year is intended to cover the cost of providing benefits to all people who apply for and are eligible for the program. If the appropriated amount does not cover those costs, lawmakers would need to appropriate additional funds,

 The contingency fund is a mechanism that can increase the amount of TANF funding available to states that are experiencing economic downtums. For additional details on the funding of TANF, see Congressional Budget Office, Temporary Assistance for Needy Families: Spending and Policy Options (January 2015), www.cbo.gov/publication/49887.

the years so that benefits are available to everyone who applies for and qualifies for the programs (see Box 1-1).

Spending on SNAP has also fluctuated because of changes in food prices and how those changes affect the benefits provided.

not adjusted for inflation; it has been and remains at about \$10 billion.) Lawmakers have increased funding for CCDF and WIOA on multiple occasions. Those nominal increases have elevated the inflation-adjusted value of CCDF and approximately maintained it for

Funding for TANF, CCDF, and WIOA is handled differently. Lawmakers furnish a specific amount of money for those programs each year, which might not be sufficient to provide benefits to all qualified applicants. Since TANF was implemented in 1997, lawmakers have not increased the nominal amount of the state family assistance grant, which provides states with most of their funding for the program; that value has been and remains at about \$16.5 billion. Because the amount has not been raised to account for inflation, in effect the value of the program's funding has fallen by about 30 percent since 1997.8 (To receive all that funding, states are required to spend a certain minimum amount of their own funds on the program. That amount is also

or the Administration would have to cut benefits. There has not been any need to use supplemental appropriations or to implement any reduction in benefits in recent years. (Supplemental appropriations were last provided about 30 years ago.)

Medicaid is an entitlement, which means that federal funding for medical services provided to eligible individuals is openended. Funding for the program adjusts automatically as enrollment or costs per enrollee change.

All three programs are jointly financed by the federal government and state governments. To varying degrees, states fund a portion of the services provided through TANF, SNAP, and Medicaid. TANF has a maintenance-of-effort requirement, which is designed to limit the extent to which federal funding displaces money that state governments would otherwise have spent on the program. In contrast, states cover a share of the administrative costs for SNAP, which include employment and training services. For Medicaid, states cover a share of the costs of the services provided by the program in addition to a share of the administrative costs.

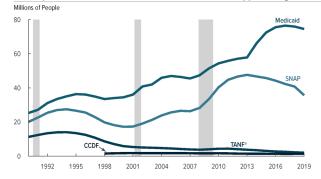
Enrollment in Medicaid and SNAP has risen substantially over the past three decades, but enrollment in AFDC/TANF has plummeted (see Figure 1-3). In 1989, Medicaid and SNAP had about 20 million recipients each in an average month, and about 10 million people received cash payments through AFDC. Over the subsequent 30 years, enrollment has changed for each program.

 Medicaid. Enrollment has skyrocketed as lawmakers have repeatedly expanded eligibility for the program, including 2014's expansion under the Affordable Care Act. The number of Medicaid recipients has roughly tripled since 1989, reaching 75 million (or about one-quarter of the U.S. population) during an average month in 2019.

The decline in the inflation-adjusted value of funding for TANF exceeds the decline in the value of spending for the program because several states did not spend all the funding that they received in the program's first two years.

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Participation in Selected Means-Tested and Work Support Programs



Even though enrollment in Medicaid and SNAP has risen greatly over the past three decades, the number of people receiving recurring cash payments has plummeted.

Data source: Congressional Budget Office. See www.cbo.gov/publication/57702#data.

Data for the CCDF were not available before 1998. CBO did not compile participation data for the Workforce Innovation and Opportunity Act because participation in the programs it funds can range from a brief self-directed job search to a full year of intensive job training with income support. CCDF = Child Care Development Fund; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

a. Consists of recipients of recurring cash assistance and includes participants in its predecessor, does not small be supplemental Children.

- SNAP. Participation rose substantially in the 2000s, primarily as a result of outreach initiatives. In general, participation in the program tends to fluctuate, rising during and after recessions and diminishing when the unemployment rate is low.⁹
- TANE Participation has dropped drastically since the onset of welfare reform, having fallen by 85 percent from 1993 to 2019. Some of that decrease can be attributed to rising earnings among single mothers, but it primarily has been driven by declining participation among families whose income is low enough for them to qualify for the
- For more details on how participation in SNAP has changed over the years, see Congressional Budget Office, The Supplemental Nutrition Assistance Program (April 2012), www.cbo.gov/ publication/43173.

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program. PRWORA contributed to the decline in the participation rate through the changes it made to AFDC/TANF. 10

10. Since before 1997, many states have not increased the nominal value of the maximum payment available in TANF, even though the rising cost of living has eroded the value of that payment by about 30 percent. A growing number of income-eligible families appears to find those payments an inadequate incentive to go through the process of demonstrating eligibility for the program—a process made more onerous by the imposition of the work requirements. See Zachary Parolin, "Decomposing the Decline of Cash Assistance in the United States, 1993 to 2016," Demography, vol. 58, no. 3 (April 2021), pp. 1119–1141, https://doi.org/10.1215/00703370-9157471. PRWORA has contributed to states' not maintaining the purchasing power of benefits by converting the funding mechanism into a grant of constant nominal value and by allowing states to divert most of that money from cash payments to a wide array of other services.

Chapter 2: Effects of Work Requirements on People's Employment and Income

The effects of work requirements vary among participants in different means-tested programs. Most of the research conducted on those effects has focused on work requirements in the Temporary Assistance for Needy Families program and its predecessor, Aid to Families With Dependent Children, in the 1990s, when welfare reform greatly altered those programs. Evidence of the effects of work requirements in the Supplemental Nutrition Assistance Program and Medicaid is more limited.

Overall, available evidence indicates that the effects of work requirements on employment and income probably differ among the three programs. In addition, the gain in employment among program participants who are subject to work requirements is probably offset in part by temporary reductions in employment among people who are not subject to the requirements. The analysis in this chapter is mostly based on data from the annual

- 1. This report focuses on changes in employment and income within the standard period used for the Congressional budger process, which extended through 2031 when this report was prepared. Evidence of the longer-term effects of work requirements and supports is limited, although research indicates that access to SNAP benefits during childhood tends to increase earnings in adulthood. See Marianne P. Bitler and Theodore F. Figinski, Long-Run Effects of Food Assistance: Evidence From the Food Stamp Program (August 2019), https://tinyurl.com/2p974kdj (PDF, 9.2 MB). Thus, work requirements that terminate benefits for families with children might reduce their earnings later in life.
- 2. Most of the research on unemployment insurance indicates that policies that increase employment by encouraging people to search for a job decrease employment among people not in the program. Such spillovers are probably rarer when jobs are plentiful, and those studies were conducted during periods of high unemployment. For example, see loana Marinescu, "The General Equilibrium Impacts of Unemployment Insurance: Evidence From a Large Online Job Board," Journal of Public Examonics, vol. 150 (June 2017), pp. 14–29, https://doi.org/10.1016/j.jpubeco.2017.02.012.

supplement to the Census Bureau's Current Population Survey, so the numbers provided are for calendar years.

TANF

Nationwide, most adults in TANF are required to participate in work-related activities. Specifically, the federal government requires a certain percentage of able-bodied parents of children receiving monthly cash payments—50 percent, before adjustments are made—to either have sufficient hours of employment or participate in approved activities that could lead to employment, such as vocational training. Any state that does not meet that work standard risks having its federal funding for the program reduced, so states typically decrease or terminate a family's benefits if the parent's work hours are not sufficient. Many states have chosen to impose more stringent work requirements even when they do not appear to be at risk of violating the work standard.

In general, those work requirements have increased employment, which has substantially boosted the income of some single mothers.³ (Most TANF recipients are in families headed by single mothers.) The number of people receiving cash payments in TANF has declined by about 85 percent since the mid-1990s, however, and many single mothers have very low income because they are not working or receiving assistance. (This analysis focuses on parents who do not receive disability benefits, because they are most likely to be subject to the work requirements.)

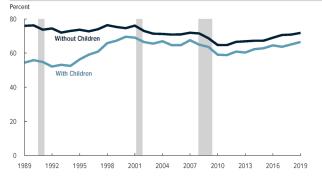
Employment

Most TANF families are headed by single mothers with no education beyond high school. Employment among that group rose substantially in the 1990s, in part

^{3.} Initially, AFDC only provided benefits to single mothers or the wives of men who were unable to work. Eligibility was extended to single fathers and families with two able-bodied parents before the transition to TANF. However, participation in the programs has remained low among those groups.

Figure 2-1

Employment Rates for Single Women With No Education Beyond High School, by Presence of Children



The employment rate for less-educated single mothers—the primary group served by Aid to Families With Dependent Children and Temporary Assistance for Needy Families—rose substantially in the 1990s after work requirements were added to the cash assistance programs and work supports were increased.

Data source: Census Bureau, Annual Social and Economic Supplement to the Current Population Survey, from IPUMS-USA. See www.cbo.gov/publication/57702#data.

The data are by calendar year and are limited to unmarried women between the ages of 18 and 61 who have no postsecondary education, are not students, and are not receiving disability benefits. The employment rates are for March of the specified year.

because of the widespread imposition of work requirements. In the years leading up to welfare reform, single women without education beyond high school were far less likely to be employed if they had a child (see Figure 2-1).⁴ From 1993 to 2000, though, the employment rate for less-educated single mothers increased by 16 percentage points (rising from 52 percent to 68 percent), whereas the employment rate of their childless counterparts increased by only 4 percentage points. During those years, many states added work requirements to AFDC (from 1993 to 1996), all states transitioned from AFDC to TANF (in 1997), and states that did not have work requirements already in place started imposing them in TANF (from 1997 to 1999).

Although work requirements accounted for some of the 16 percentage-point increase in employment from 1993 to 2000, most of the increase was probably the result of

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other policy changes (see Box 2-1). Experimental evaluations conducted in AFDC waiver programs during the 1990s indicate that work requirements similar to those in TANF, when combined with increases in work supports, increased the employment rate by about 5 percentage points over five years.⁵

TANF's work requirements have continued to boost employment for the single parents who have entered the program in recent years, according to the limited evidence that is available. Since 2000, the employment rate of single mothers without education beyond high school has remained relatively steady, moving in tandem with

^{4.} Families of women without dependents are not eligible for cash payments from TANF. Because such childless women are largely unaffected by TANF, they are used as proxies for how the employment and income of single mothers without education beyond high school would have changed in the absence of welfare

^{5.} The experimental evaluations compared recipients who were randomly assigned to a combination of work requirements, intensive job-search assistance, and additional subsidized child care with recipients of the standard array of assistance. For a summary of the findings of those evaluations, see Gayle Hamilton and others. National Evaluation of Welfper-to-Work Strategies (submitted by Manpower Demonstration Research Corporation to the Department of Health and Human Services, December 2001), p. 86, https://linyut.com/2p8953d. The Congressional Budget Office estimated the employment effects from evaluations of programs that focused on labor force attachment because that is TANP's focus.

How Policy Changes Made to Means-Tested Programs During the 1990s Affected Single Mothers' Employment

To encourage employment and limit cash payments, policymakers in the mid-1990s began making changes to the program that would become Temporary Assistance for Needy Families (TANF). Probably the most well-known change was the imposition of work requirements, which made the receipt of benefits contingent on working or engaging in work-related activities. Those work requirements are one of several components of TANF that contributed to the rise in employment among single mothers in the late 1990s. Other contributing changes include the following:

- A five-year lifetime limit on TANF's cash payments. Researchers have found evidence that the five-year lifetime limit on cash payments contributed to the rise in employment. even though no families could have reached that limit by 2000. Those researchers argue that the limit caused some families to leave TANF for employment earlier so that they could save some of their potential time in the program in case of future hardship.
- A weakened disincentive to work. Benefits drop more slowly as earnings increase under TANF than under its predecessor program, Aid to Families With Dependent Children. Many
- Francesca Mazzolari, "Welfare Use When Approaching the Time Limit," Journal of Human Resources, vol. 42, no. 3 (Summer 2007), pp. 596–618, https://doi.org/10.3368/jhr.XLII.3.596; and Jeffrey Grogger, "The Effects of Time Limits, the EITC, and Other Policy Changes on Welfare Use, Work, and Income Among Female-Headed Families," Review of Economics and Statistics, vol. 85, no. 2 (May 2003), pp. 394–408, https://doi.org/10.1162/003465303765299891.

the rate of their childless counterparts. But the changes to work requirements have been gradual enough that their effects on employment are obscured by 20 years of changes in the economy and other labor market policies.6

To bolster the available evidence, the Congressional Budget Office analyzed Alabama's extension of its work requirement to parents of young children and found that it increased their employment rate by 11 percentage states weakened that disincentive to work by reducing the benefits available to families without earnings and by allowing families to keep more of their benefits once their earnings rose.2

Additional funding for work supports. States shifted some TANF funds from cash payments to work supports, including subsidized child care and workforce development services.

Policy changes not directly related to TANF also boosted the employment of single mothers. Of those changes, increases in the Child Care Development Fund (CCDF) and the earned income tax credit (EITC) probably contributed the most to their rise in employment from 1993 to 2000.3 Lawmakers substantially increased the EITC in phases from 1994 to 1996, which elevated the compensation that parents received for working and thus boosted their incentive to work. Furthermore, lawmakers doubled spending for the CCDF from 1993 to 2000; the additional subsidized child care provided by that increase made employment more feasible and profitable for some single mothers.

- 2. Rebecca M. Blank, "Evaluating Welfare Reform in the United States," Journal of Economic Literature, vol. 40, no. 4 (December 2002), pp. 1105-1166 https://doi.org/10.1257/002205102762203576. That study suggests that the rapid growth of the economy also contributed to the rise in employment.
- 3. For a description of the research on the effects of the EITC on the employment of single mothers, see Diane Whitmore Schanzenbach and Michael R. Strain, Employment Effects of the Earned Income Tax Credit: Taking the Long View, Working Paper 28041 (National Bureau of Economic Research, November 2020), www.nber.org/papers/w28041.

points.7 That increase is similar in size to the increase of 10 percentage points that occurred during the first year

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The Urban Institute's welfare rules database indicates that more states have tightened work requirements than have loosened them. See Urban Institute, "Welfare Rules Databook," https://wrd.urban.org/wrd/databook.cfm (accessed May 31, 2022).

^{7.} Alabama expanded the number of people subject to TANF's work requirement when it stopped providing exemptions to parents wi a child between the ages of 6 months and 11 months. In CBO's estimation, that expansion increased the employment rate among participants who were newly subject to the work requirement by about 4 percentage points in the year following their entry into TANF. Because the requirement only applied to parents when their child was between the ages of 6 months and 11 months, though, participants were newly subject to the work requirement for only about half of the first year. Had those participants never been subject to the work requirement before the expansion and became subject to it for the full year after the expansion, their employment rate would have increased by about 9 percentage points in the first year after entering the program, CBO estimates. For more details about the methods CBO used for this analysis, see Appendix B.

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Average Cash Income for Single Women With No Education Beyond High School, by Presence of Children

Thousands of 2019 Dollars 25 Without Children 20 With Children 15 10 1989 1992 1995 1998 2001 2004 2007 2010 2013 2016 2019

Pretax cash income of less-educated single mothers has changed little, on average, despite the addition of work requirements in the 1990s.

Data source: Census Bureau, Annual Social and Economic Supplement to the Current Population Survey, from IPUMS-USA. See www.cbo.gov/publication/57702#data.

The data are by calendar year and are limited to unmarried women between the ages of 18 and 61 who have no postsecondary education, are not students, and are not receiving disability benefits.

after parents entered the AFDC waiver experiments.8 However, the overall size of the increase in employment was modest because TANF serves far fewer families than AFDC did.9 Research on the effects of recent changes to work requirements made in other states is scant.

Income

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Work requirements in TANF have had a small effect on average income for single mothers. According to studies from the 1990s, that is because increases in their earnings and in the earned income tax credit roughly equaled

- See Gayle Hamilton and others, National Evaluation of Welfareto-Work Strategies (submitted by Manpower Demonstration Research Corporation to the Department of Health and Human Services, December 2001), p. 352, https://tinyurl.com/2p89s5ad. The employment effects shrank over time. CBO did not have sufficient data to estimate the effect of Alabama's TANF expansion over a longer period.
- 9. In Alabama, TANF served only about 4 percent of single parents in poverty during an average month in 2018. Nationally, TANF served about 10 percent of that group, whereas AFDC served about 77 percent of that group during the years leading up to enactment of the Personal Responsibility and Work Opportunity Reconciliation Act.

reductions in cash payments and food assistance. ¹⁰ Those findings are consistent with trends in the data showing that the average cash income of single mothers with no education beyond high school has generally moved in parallel with the average for their childless counterparts over the past 30 years (see Figure 2-2).

The effect on the income of single mothers has probably been uneven, though. In recent years, single mothers who found work while in TANF saw their cash income rise to an average of about \$1,300 per month at the point they left the program, but mothers who left the program without a job had very little cash income.¹¹

Income of Former TANF Recipients Who Found Work.

About half of single mothers are employed when they leave TANF, enabling some of their families to rise out of poverty. Studies of families that left TANF in the late

See Gayle Hamilton and others, National Evaluation of Welfireto-Work Strategies (submitted by Manpower Demonstration Research Corporation to the Department of Health and Human Services, December 2001), https://tinyurl.com/2p89s5ad.

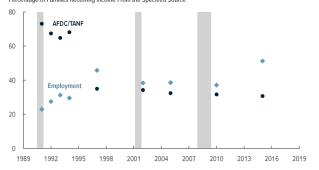
^{11.} For details on CBO's analysis, see Appendix B.

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Figure 2-3.

Sources of Income for Families of Single Women With Children 24 Months After They Started Receiving Cash Assistance, by Year

Percentage of Families Receiving Income From the Specified Source



After work requirements were added to cash assistance programs. recipients tended to find employment more quickly and stop receiving benefits sooner.

Data source: Survey of Income and Program Participation. See www.cbo.gov/publication/57702#data.

Data are limited to unmarried mothers between the ages of 18 and 61 who received cash assistance from AFDC or TANF, are not students, and are not receiving disability benefits.

Data are presented only for the years in which the sample size provided sufficient precision

AFDC = Aid to Families With Dependent Children; TANF = Temporary Assistance for Needy Families.

1990s documented their income in subsequent years. About half of the families with a working adult had monthly cash income (in 2019 dollars) above \$1,716, which was the poverty threshold for a single parent with two children in 2019. The primary source of that income was the parent's earnings, and some parents had a partner with substantial earnings as well. Earnings for those families grew modestly in later years, on average.12

Work requirements have raised the income of employed single mothers by increasing how quickly they found a job, which reduced the amount of time they spent in AFDC/TANF. Between the early stages of welfare reform in 1993 and PRWORA's implementation in 1997, the percentage of mothers who had earnings 24 months after entering the program rose from about

31 percent to about 46 percent (see Figure 2-3).13 That increase in earnings boosted their income, but some of the increase was offset by a decline in the cash payments they received. From 1993 to 1997, the share of families headed by single mothers who were still receiving cash payments from AFDC/TANF 24 months after entering the program fell from about 65 percent to about 35 percent. Over the following years, most single mothers continued to leave the program within 24 months. About half of those mothers had earnings. For most of them, the increase in earnings was larger than the reduction in benefits from leaving TANF. In addition, about 25 percent of single mothers who had earnings 24 months after entering the program were still receiving cash payments.

Income of Families Without Earnings or Cash Assistance. About half of single mothers are not

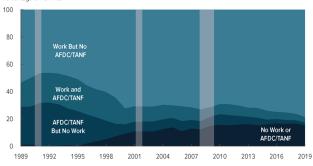
^{12.} Those findings come from a summary of studies conducted in 110s attack, although data generally were not available for all 12 states, although data generally were not available for all 12 states. See Gregory Acs and Pamela Loprest, Leaving Welfare: Employment and Well-Being of Familie: That Leff Welfare in the Post-Entitlement Era (W. E. Upjohn Institute for Employment Research, 2004), https://doi.org/10.17848/9781417550012.

^{13.} Federal law requires states to impose work requirements on families within their first 24 months of receiving assistance. For details, see Appendix A, which compares the changes in employment and benefits for single mothers in SNAP who were not subject to work requirements.

Figure 2-4.

Sources of Cash Income for Families of Single Women With Children and With No Education Beyond High School

Percentage of Families



The portion of single mothers without income from cash assistance or work rose substantially in the late 1990s and early 2000s and has stayed elevated since then.

Data sources: Census Bureau, Annual Social and Economic Supplement to the Current Population Survey, from IPUMS-USA; Department of Health and Human Services. See www.cbo.gov/publication/57702/fdata.

Data are by calendar year and are limited to unmarried mothers between the ages of 18 and 61 who have no postsecondary education, are not students, and are not receiving disability benefits. The only sources of income considered are the mother's employment and recurring cash assistance through TANF or its predecessor, AFDC. Sources of Income have been adjusted for errors in reporting.

AFDC = Aid to Families With Dependent Children; TANF = Temporary Assistance for Needy Families.

employed when they stop receiving cash assistance, and the share of single mothers without earnings or cash assistance from AFDC/TANF has risen substantially since welfare reform began. Work requirements have probably contributed to that increase in two ways: Families that do not meet those requirements are removed from TANF, and other families are deterred from entering the program. However, the low levels of participation in TANF appear to be primarily driven by other changes made to AFDC/TANF by PRWORA.

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Trends in the Data. In the early 1990s, nearly all less-educated single mothers received recurring cash payments if they had not worked for an extended period. As the number of families receiving cash assistance plummeted, though, the share of less-educated single mothers who did not have income from work or AFDC/TANF rose from close to zero in 1993 to 9 percent in 2000, CBO estimates (see Figure 2-4). Over that period, participation in AFDC/TANF declined among those who had earnings, so the portion of less-educated single mothers who received cash payments fell by about 34 percentage points in total. In comparison, the portion of less-educated single mothers who had earnings (whether they participated in AFDC/TANF or not) increased by about 14 percentage points from 1993 to 2000.

Over the next two decades, the share of less-educated single mothers who did not have income from work or TANF continued growing, albeit more gradually. Reductions in TANF receipt were no longer countered by substantial increases in employment, leaving

^{14.} One study found that TANF's work requirements led to some nonworking single mothers' receiving more cash assistance through Supplemental Security Income than they would have through TANF. The prospect of losing TANF benefits because of the work requirements appears to have led some mothers to undertake the more strenuous application process for SSI, which generally provides larger monthly payments than TANF. See Lucie Schmidt and Purvi Sevak, "AFDC, SSI, and Welfare Reform Aggressiveness: Caseload Reductions Versus Caseload Shifting." Journal of Human Resources, vol. 39, no. 3 (Summer 2004), pp. 792–812, https://doi.org/10.3368/jhr.XXXIX.3.792.

one-in-seven less-educated single mothers without income from work or TANF in 2019. (That estimate is highly uncertain because of imprecision in the underlying data.)15

Sources of Income. In recent years, most single mothers without earnings or cash assistance reported being in deep poverty. They had little cash income, although they typically received benefits through SNAP to purchase food. About 39 percent of those mothers lived with an adult who reported working, typically the children's (unwed) father. Other mothers reported receiving cash from people who they did not live with or were not related to; the most common forms of assistance were child support (11 percent) and help from friends or relatives (11 percent). The mothers might understate cash income from those sources, which could help explain why single mothers tend to report spending substantially more income than they report receiving.10

The Role of Work Requirements. Work requirements probably increase the number of single mothers without earnings or cash assistance by removing them from TANF when they are not employed. Work requirements can affect that number by changing the length of time nonworking mothers receive assistance and by changing whether those mothers are employed when they stop receiving assistance. The expansion of Alabama's work requirement in 2018 appears to have had little effect on the latter variable, but it did reduce the length of time families received assistance by about a month during the first year after they entered the program, on average Thus, the work requirement probably caused the number of families without earnings or cash assistance to increase modestly. Other research finds evidence of a larger

- 15. The underreporting of earnings and cash assistance in household surveys is well established. See Bruce D. Meyer and others, "The Use and Misuse of Income Data and Extreme Poverty in the United States," *Journal of Labor Economics*, vol. 39, no. S1 (January 2021), pp. \$5-\$58, https://doi.org/10.1086/711227. CBO adjusted downward the number of single mothers without earnings on the basis of inconsistencies between multiple interviews covering the same years. That adjustment decreased the estimated number of families without income from work or AFDC/TANF by 18 percent in 1993; by 2019, the size of that adjustment had grown to 29 percent. In addition, CBO adjusted the percentage of single mothers who receive recurring cash payments so that it matched the administrative data.
- 16. Bruce D. Meyer and James X. Sullivan, "Changes in the Consumption, Income, and Well-Being of Single Mother Headed Families," *American Economic Review*, vol. 98, no. 5 (December 2008), https://doi.org/10.1257/aer.98.5.2221.

increase in the number of such families stemming from a more stringent work requirement implemented when the labor market was weaker.¹⁷ In addition, the AFDC waiver experiments showed that work requirements often increase the number of families in deep poverty, and deep poverty is common among families without earnings or cash assistance.18

Although some single mothers end up disconnected from employment and cash payments because they are removed from TANF for not complying with its work requirements, most are probably disconnected because they do not apply for TANF or because their application is rejected. Before welfare reform, most single mothers whose income and assets were low enough to qualify for recurring cash payments received that assistance. But TANF participation among that group has fallen over the past three decades, from about 80 percent to roughly 25 percent. 19 Many single mothers with sufficiently low income and assets are not entering the program because they are ineligible for other reasons or because they do not complete the application process.

Work requirements may have increased the number of single mothers without earnings or cash assistance by stopping some of them from enrolling in TANF. Work requirements can reduce entry into TANF by discouraging parents from applying or by causing them to be ineligible. The expansion of Alabama's work requirement does not appear to have had an immediate effect on the number of families entering the program. Repeated violation of the work requirement can lead to families' being ineligible to enter the program for a year, however. (Ten other states impose ineligibility periods of a year or more for repeated violations of the work requirement; six of those states permanently bar families from reentering the program.) Thus, TANF's work requirements probably reduce entry into the program by mothers without earnings by removing them from the program when they are not working and then barring their reentry. However,

- 17. Tazra Mitchell, LaDonna Pavetti, and Yixuan Huang, Life After Half the Poverty Line (Center on Budget and Policy Priorities, February 2018), https://tinyurl.com/mpxsxkbj.
- 18. Stephen Freedman and others, National Evaluation of Welfareto-Work Strategies (submitted by Manpower Demonstration Research Corporation to the Department of Health and Human Services, June 2000), p. 199, https://tinyurl.com/38k9exee.
- 19. Linda Giannarelli, What Was the TANF Participation Rate in 2016? (Urban Institute, July 2019), https://tinyurl.com/3tny44sc

the low levels of participation in TANF appear to be primarily driven by other changes made to AFDC/TANF by PRWORA. $^{\rm 20}$

SNAP

The federal government places two work requirements on adults in SNAP. First, most able-bodied nonelderly adults who are not working at least 30 hours a week or caring for a child under age 6 must register for work—that is, notify their state's employment office that they are available to work—and accept a suitable job if one is offered. Second, able-bodied adults under the age of 50 who do not live with dependent children (so-called ABAWDs, or able-bodied adults without dependents) are generally limited to 3 months of benefits in any 36-month period unless they are working at least 80 hours per month or in job training.

ABAWDs accounted for 7 percent of SNAP recipients in 2019 and a larger percentage in years when many localities waived the work requirement.²¹ Waiving of the work requirement—mainly because of adverse economic conditions—has occurred frequently over the past 14 years.²² This report focuses on the work requirement for ABAWDs because of the lack of research on the income and employment of other SNAP recipients who must register for work.

Employment

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The work requirement for ABAWDs slightly increases the employment of the oldest of the workers who are subject to it. Most studies of SNAP's work requirement compare employment of ABAWDs in their late 40s with that of able-bodied adults without dependents who are

- For a summary of the other channels through which PRWORA has reduced participation, see Zachary Parolin, "Decomposing the Decline of Cash Assistance in the United States, 1993 to 2016," *Demography*, vol. 58, no. 3 (April 2021), pp. 1119–1141, https://doi.org/10.1215/00703370-9157471.
- Kathryn Cronquist, Characteristic of Supplemental Nutrition Assistance Program Households: Fiscal Year 2019, SNAP-20-CHAR (submitted by Mathematica Policy Rescarch to the Department of Labor, March 2021), www.fns.usda.gov/snap/ characteristics-snap-households-fy-2019.
- 22. The federal government waived the work requirement from April 2009 through September 2010, and waivers remained in effect in most of the country for a few years after that because of high unemployment rates. Starting in April 2020, the Families First Coronavirus Response Act compelled all states to waive the work requirement by suspending it; that suspension will continue through the month after the public health emergency declaration is lifted.

just over 49 because those two groups are similar in their age and education but differ in whether they are subject to the work requirement. Using data for four states (Colorado, Pennsylvania, Missouri, and Virginia), those studies estimate that the employment rate is 1 to 4 percentage points higher among the group of ABAWDs subject to the requirement. ²³ SNAP participants between the ages of 45 and 49 account for only about 15 percent of workers who are subject to the work requirement, though, so those findings might not apply more broadly.

SNAP's work requirement might induce younger ABAWDs to work more, but it probably boosts employment less than TANF's work requirements do. Younger SNAP recipients might be more likely to seek employment because they will be ineligible for benefits for more years if they do not (unlike, say, a recipient who is 48 and thus subject to the work requirement for only two more years). ŚNAP's work requirement is probably less effective than TANF's requirement, however, because most SNAP recipients do not receive intensive case-management services. Those services, typically provided one on one by a caseworker, can boost the effectiveness of work requirements by monitoring progress, assigning work supports, and providing job referrals. One study of unemployment insurance found that a 40-minute meeting with a caseworker reduced the duration of unemployment by 5 percent, on average.2

Income

SNAP's work requirement probably reduces the average income of ABAWDs by causing many of them to stop receiving benefits. Studies of recipients who are near the age of 50 found that the work requirement reduced the number of ABAWDs receiving benefits by 22 percent, 31 percent, and 53 percent in Pennsylvania, Missouri, and Virginia, respectively. (The work requirement did not appear to change the number of ABAWDs receiving benefits in Colorado.) Most of those ABAWDs lost SNAP benefits because they did not demonstrate

- 23. Colin Gray and others, Employed in a SNAP? The Impact of Work Requirements on Program Barticipation and Labor Supply, Social Science Research Network working paper (August 2020), http://dx.doi.org/10.2139/ssrn.36/6722; and Laura Wheaton and others, The Impact of SNAP Able-Bodied Adults Without Dependents (ABAWD) Time Limit Reinstatement in Nine States (Urban Institute, June 2021), https://go.usa.gov/stYxE.
- Amelie Schiprowski, "The Role of Caseworkers in Unemployment Insurance: Evidence From Unplanned Absences," Journal of Lathor Economics, vol. 38, no. 4 (August 2020), pp. 1189–1225, https://doi.org/10.1086/706092.

sufficient participation in work-related activities. That reduction in benefits appears larger than the increase in earnings among the smaller percentage of ABAWDs who worked more because of the work requirement.

SNAP's work requirement results in many ABAWDs having very low income because SNAP benefits had been their primary source of income. Most ABAWDs who stop receiving benefits from SNAP have few or no other sources of income, and many of them are homeless.²⁵ Only about 30 percent of ABAWDs have any earnings—and none of those people are eligible to receive cash payments through TANF.²⁶ (In contrast, most TANF recipients who lose cash payments because of noncompliance with the program's work requirements still receive full SNAP benefits because they are not ABAWDs.)

Medicaid

Although federal law does not impose any work requirements on Medicaid recipients, states have sought waivers to do so. In 2018, the Trump Administration began approving requests from states to waive the entitlement to Medicaid in order to experiment with work requirements. Most of the waivers required ABAWDs to perform work-related activities for at least 80 hours a month to retain their health insurance coverage. The Administration approved waivers for 11 states, but implementation has been halted for various reasons: The courts set aside four of the approvals, six waivers have not been implemented, and the only state that implemented a work requirement in 2020 suspended it after two months because of the pandemic. (In 2021, the Biden Administration rescinded all the approvals.)

Employment

States' limited experience with work requirements in Medicaid indicates that they cause a substantial portion of adults who are not exempt from them to lose coverage, and they appear to have little effect on employment. Only Arkansas had a work requirement in place for more than a few months—from June 2018 to March 2019,

when it was set aside by the courts. Under that requirement, ABAWDs lost Medicaid coverage if they did not document sufficient hours spent in work-related activities for three months in the same year. Over the seven months of 2018 that the requirement was in effect, about 23 percent of Medicaid recipients who were subject to it lost coverage for failure to comply.

Researchers who designed and conducted a phone survey targeted at measuring employment among Medicaid recipients in Arkansas after the work requirement took effect found mixed results. The employment rate decreased slightly using one statistical approach and increased a bit using another approach; in both cases, though, the sample size was too small to rule out no change or a sizable change.²⁷

Income and Expenses

Arkansas' work requirement probably reduced families' resources overall because it caused a large reduction in Medicaid coverage. In addition, the number of hours that recipients worked did not appear to increase, which suggests that their earnings did not rise. The targeted phone survey used by researchers to measure employment indicates that the work requirement substantially increased the number of adults who were uninsured by terminating their Medicaid coverage. Instead of having most of their medical care covered by Medicaid, many of the affected adults had to pay for most of it themselves. The work requirement appears to have roughly doubled the portion of those adults who reported having serious problems paying their medical bills, according to the researchers.²⁸

The combination of a large reduction in Medicaid receipt and a small or negligible effect on employment among adults subject to the work requirement might have been driven by two factors. First, many employed participants might have been unaware of the requirement, or they might have found it onerous to demonstrate compliance. The targeted survey indicates that about 35 percent of

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^{25.} Laura Wheaton and others, The Impact of SNAP Able-Bodied Adults Without Dependents (ABAWD) Time Limit Reinstatement in Nine States (Urban Institute, June 2021), https://go.usa.gov/ xt/xE.

Kathryn Cronquist, Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2019, SNAP-20-CHAR (submitted by Mathematica Policy Research to the Department of Labor, March 2021), www.fns.usda.gov/snap/ characteristics-snap-households-fy-2019.

^{27.} Benjamin D. Sommers and others, "Medicaid Work Requirements—Results From the First Year in Arkansas," *New England Journal of Medicine*, vol. 381, no. 11 (September 2019), pp. 1073–1082, http://dx.doi.org/10.1056/NEJMs1901772.

Benjamin D. Sommers and others, "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," Health Affairs, vol. 39, no. 9 (September 2020), pp. 1522–1530, https://doi.org/10.1377/hlthaff.2020.00538.

Medicaid recipients in the age range subject to the work requirement were not aware of it. Second, other studies have shown that even modest increases in the effort required to demonstrate eligibility for means-tested benefits can cause large declines in the number of recipients. ²⁹ A lack of awareness and burdensome reporting

 Manasi Deshpande and Yue Li, "Who Is Screened Out? Application Costs and the Targeting of Disability Programs," American Economic Journal: Economic Policy, vol. 11, no. 4 (November 2019), pp. 213–248, https://doi.org/10.1257/ pol.20180076.

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could explain why only about 9 percent of Medicaid recipients who needed to demonstrate compliance filed a report. (In most cases, the administrators of the program were able to verify that recipients were in compliance without contacting them.)

Chapter 3: Effects of Work Supports on People's Employment and Income

Two of the most common ways that the federal government supports work among participants in Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program, and Medicaid are by subsidizing child care and funding workforce development services. Those work supports can boost the employment of recipients and thus increase their income. Employment gains among program participants might hold down employment among people who do not have access to those work supports, though, because they compete for the same types of jobs.

Subsidized Child Care

The federal government primarily funds subsidized child care through the Child Care Development Fund, which the states administer. The CCDF provides subsidies to low-income families who are working or preparing to work. Recipients pay about 5 percent of their income for child care, on average, and the subsidy covers the remainder.

The most compelling research on the effects of subsidized child care on employment and income comes from a study of Child Care Development Block Grant recipients. That study's findings can be extrapolated to recipients in TANF, SNAP, and Medicaid. Subsidized child care confers two main benefits: It increases earnings by enabling recipients to work more, and it boosts consumption by reducing the amount recipients spend on child care.

Employment

Subsidized child care has boosted the employment of low-income single parents, who represent about 80 percent of CCDF recipients. Most data do not indicate the direction of causality—that is, whether people are working because they are receiving a subsidy or receiving a subsidy because they are working. The latter explanation probably prevails often in states that have employment as an eligibility requirement, but the subsidies boost employment in other instances.

One study addresses that issue by recording whether single mothers were working before they applied for subsidized child care. The researchers found that the subsidies provided by the Child Care Development Block Grant—now a major component of the CCDF—increased the employment rate of single mothers with very low income by 8 to 25 percentage points.¹ That research is based on a 1988 survey of single mothers in Kentucky who did not have to work to receive cash payments.

The Congress boosted CCDF funding in March 2018, allowing many states to substantially decrease the length of their waitlists for subsidized child care. By February 2020, there was one wait-listed child for every 12 children who received a CCDF subsidy. Additional funding for subsidized child care would probably benefit participants in Medicaid and SNAP and increase their employment more than it would assist participants in TANF. That is because most states already give priority for child care subsidies to parents who are subject to TANF's work requirements.

Recent boosts to CCDF funding probably have increased employment less than might be suggested by the Kentucky study. As that study demonstrates, applicants are more likely to work once they get through the waitlist for subsidized child care, but the potential to increase employment by reducing waitlists has diminished because the lists have gotten shorter. Shorter waitlists indicate that fewer parents have been delaying work because child care subsidies are not available. However, because some states

- Mark C. Berger and Dan A. Black, "Child Care Subsidies, Quality of Care, and the Labor Supply of Low-Income, Single Mothers," Review of Economics and Statistis, vol. 74, no. 4 (November 1992), pp. 635–642, https://doi.org/10.2307/2109377.
- 2. Consolidated Appropriations Act of 2018, Public Law 115-141.
- Those findings are CBO's analysis of data from Karen Schulman, On the Precipice: State Child Care Assistance Policies 2020 (National Women's Law Center, May 2021), https://tinyurl.com/ yckszu2 (PDF, 2.4 MB).

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continue to use increases in CCDF funding to reduce their waitlists, such funding continues to boost employment, although the effect is probably small.

In addition to reducing waitlists, states have responded to the recent boost in CCDF funding by expanding eligibility to families with higher income and by reducing the amount recipients pay out of pocket for child care. Research indicates that such policies do not increase employment as much as subsidies that are provided to single parents with very low income.4

Income and Expenses

Subsidized child care substantially increases the resources available to some low-income families. It boosts earnings for some single parents by enabling them to work, and it bolsters consumption for some parents who would have worked anyway by reducing the amount they spend on

The average subsidy funded by CCDF is about \$500 per month, which is about one-third of the average monthly income for a single parent and child at the poverty threshold. The size of the average increase in resources from subsidized child care is much harder to determine and highly uncertain because researchers have provided little indication of how many recipients would have purchased child care in the absence of the subsidy. In many instances, the subsidy probably had little effect on a family's resources because it replaced care that would have been provided by a relative for little or no charge. About 68 percent of working single parents who were in TANF, SNAP, or Medicaid received free informal care in an average week from 2013 through 2016, typically from a child's grandparent.⁵ In contrast, only about 23 percent of families in those programs were paying for child care

- The cost of unsubsidized child care is less likely to deter higher-income parents from working. A randomized controlled trial conducted on families near the poverty line found that a substantial reduction in the percentage of income recipients had to pay for child care had no effect on their employment or earnings. See Charles Michalopoulos, Effects of Reducing Child Care Subsidy Copayments in Washington State, OPRE 2011-2 (submitted by MDRC to the Department of Health and Human Services, June 2010), https://tinyurl.com/mumukvfk.
- 5. In the survey, respondents were asked about their child care usage in a typical week in the fall each year. The amounts cited are based on CBO's analysis of data from the Survey of Income and Program Participation. The analysis was limited to recipients with a child under age 13; those families account for almost all CCDF recipients.

without any subsidy during those years, and that share has probably decreased as a result of the CCDF's recent

Workforce Development Services

This report focuses on three common types of workforce development services: job-search assistance, job training, and subsidized employment. Researchers have typically analyzed how those services affect the employment and income of TANF recipients and participants in two of the largest workforce development programs, the Adult and Dislocated Worker programs. Participants in those two programs are broadly similar to the able-bodied nonelderly adults in SNAP and Medicaid in that many of them have low income, little education, and sporadic employment.6

Job-Search Assistance

Intensive job-search assistance increases employment and income. In the 2010s, the Department of Labor (DOL) conducted a national experimental evaluation of the intensive job-search assistance provided through the Adult and Dislocated Worker programs.7 In the year following the receipt of assistance, people who had been assigned to intensive job-search assistance and counseling earned about \$2,200 (or 18 percent) more, on average, than people who had only been given access to online tools and literature with little direct assistance from staff. (The experiment did not evaluate the effects of that less intensive assistance.)

That substantial increase in earnings resulted from a combination of a higher employment rate and better paying jobs. The gains from intensive job-search assistance could be smaller among participants in TANF, SNAP, and Medicaid because they face more barriers to employment, such as not having graduated from high school. But intensive job-search assistance appears to also have boosted the employment of less-educated recipients in the Aid to Families With Dependent Children's experimental evaluations. Intensive job-search assistance was a component of

For a description of the characteristics of participants in the Adult and Dislocated Worker programs, see Kenneth Fortson and others, Providing Public Workforce Services to Job Seekers: 30-Month Impact Findings on the WIA Adult and Dislocated Worker Programs (submitted by Mathematica Policy Research to the Department of Labor, May 2017), https://tinyurl.com/2p8kkbvs

^{7.} Ibid.

all the experimental evaluations of AFDC work requirements that were found to boost employment.⁸

Job Training

Job training provided by the Adult and Dislocated Worker programs has not been shown to increase participants' employment or earnings. DOL's national experimental evaluation found that recipients of such training tended to earn less during the training period than people who were provided job-search assistance immediately. In addition, after the training and job-search assistance were completed, the earnings of those two groups were similar, on average. Likewise, experimental evaluations of AFDC recipients indicate that programs focusing on immediate job-search assistance generally boost employment and earnings more than programs that first provide vocational training or education.⁹

One possible explanation is that the training did not align well with the demands of local employers. In DOL's experiment, only about 40 percent of participants in occupation-specific training found a job in that occupation. Since DOL conducted its evaluation, the Congress has made several modifications to those programs that are intended to better align job training with the needs of local employers. Since DOL conducted its evaluation, the Congress has made several modifications to those programs that are intended to better align job training with

Recent research demonstrates that job training provided by smaller programs can increase employment and income when it focuses on occupations that are in high

- Gayle Hamilton and others, National Evaluation of Welfareto-Work Strategies (submitted by Manpower Demonstration Research Corporation to the Department of Health and Human Services, December 2001), https://tinyurl.com/2p89s5ad.
- 9. For a summary of the findings of many studies on job training, see Gayle Hamilton, Improving Employment and Earnings for TANF Recipients, OPRE Brief 6 (Urban Institute, March 2012), https://tinyurl.com/yc246ddw. For a study that found evidence of long-term benefits from job training, see V. Joseph Hotz, Guido W. Imbens, and Jacob A. Klerman, "Evaluating the Differential Effects of Alternative Welfare-to-Work Training Components: A Reanalysis of the California GAIN Program," Journal of Labor Economics, vol. 24, no. 3 (July 2006), pp. 521–566, https://doi.org/10.1086/595950.
- Kenneth Fortson and others, Providing Public Workforce Services to Job Seekers: 30-Month Impact Findings on the WIA Adult and Dislocated Worker Programs (report submitted by Mathematica Policy Research to the Department of Labor, May 2017), https://tinyurl.com/2p8kkbvs.
- 11. Workforce Innovation and Opportunity Act of 2014, Public Law 113-128, www.congress.gov/bill/113th-congress/house-bill/803.

demand locally and that have the potential for career advancement. ¹² Such programs differ from the Adult and Dislocated Worker programs in that they are administered by community-based organizations. Whether those programs would increase employment and income if implemented on a national scale is unclear. But the findings suggest that the Congress's recent attempts to focus job training on the needs of local employers may have led to federally provided job training that increases participants' employment and income.

Subsidized Employment

The federal government provides funding for subsidized employment to the states, which use it to temporarily cover some or all of the costs of compensation paid by a participant's employer (usually a private firm). That strategy has been used to boost employment during recessions and to help participants with few skills progress toward unsubsidized employment.

Subsidized employment increases workers' employment and earnings, though the gains are usually temporary. Many recipients of subsidized employment would not have been employed otherwise, either because jobs were scarce or because they lacked job skills. The subsidies boosted their income by raising their earnings. Most studies have found that those gains disappeared once the subsidies ended. ¹³ However, an evaluation of 13 recent programs found that 6 of them generated more persistent and substantial increases in earnings for the affected workers. ¹⁴

- 12. Lawrence F. Katz and others, Why Do Sectoral Employment Programs Work! Lesons From WorkIdutune, Working Paper 28248 (National Bureau of Economic Research, December 2020), www.nber.org/papers/w28248.
- 13. David Butler and others, What Strategies Work for the Hard-to-Employ: Final Results of the Hard-to-Employ Demonstration and Evaluation Project and Selected Sits From the Employment Retention and Advancement Project, OPRE Report 2012-08 (submitted by MDRC to the Department of Health and Human Services, March 2012), https://tinyutl.com/49446xth, and Erin Jacobs and Dan Bloom, Alternative Employment Strategies for Hard-to-Employ TANF Recipients: Final Results From a Test of Transitional Johs and Preemployment Services in Philadelphia, OPRE Report 2011-19 (submitted by MDRC to the Department of Health and Human Services, December 2011), https://tinyutl.com/boxyppte.
- 14. Danielle Cummings and Dan Bloom, Can Subsidized Employment Programs Help Disadvantaged Job Seekers? A Synthesis of Findings From Evaluations of 13 Programs, OPRE Report 2020-23 (submitted by MDRC to the Department of Health and Human Services, February 2020), https://tinyurl.com/bdf2bfcf.

Chapter 4: Factors That Affect How Work Requirements and Work Supports Change People's Employment and Income

The extent to which work requirements and work supports boost employment and income probably depends on many factors. When policymakers consider proposals that aim to increase employment and income among participants of means-tested programs through work requirements or work supports, it is important to consider three factors—the extent to which participants are already engaged in work-related activities, barriers to work, and economic conditions—and how those factors could change over time.

Employment, training, and job-search assistance are already widespread among some groups of participants in means-tested programs, which limits the extent to which work requirements can raise employment. Many program participants who are not engaged in work-related activities report having multiple conditions that make employment difficult, such as health issues or child care responsibilities.\(^1\) The ability of low-income adults to find and keep employment also depends on the health of the economy.

Participation in Work-Related Activities in the Absence of Work Requirements and Work Supports

The ability of work requirements and work supports to boost the employment of recipients is limited by the extent to which the recipients would participate in work-related activities in the absence of those provisions. Because of that constraint, expansions of work requirements and work supports in the Supplemental Nutrition Assistance Program or Medicaid could be less effective than that expansion was decades earlier in the Aid to Families With Dependent Children program. In 1993, about 55 percent of AFDC recipients reported not working, searching for work, training for a job, or being a student (see Figure 4-1). In contrast, from 2013 through

2016, about 30 percent of SNAP and Medicaid recipients reported not participating in at least one of those activities. Because the employment rate among SNAP and Medicaid recipients is much higher than it was for AFDC recipients, it has less room to increase further.

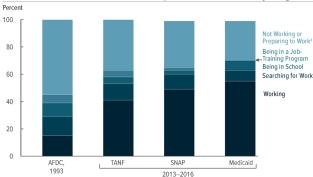
When work requirements are added to programs in which many recipients are already working enough hours to meet the requirements, they are likely to reduce recipients' total income. That is because those requirements are unlikely to increase their earnings but can reduce the benefits they receive. Employed adults must document their compliance with the work requirements (typically each month or every few months), a process that can be arduous and time-consuming. Some employed adults lose their benefits because they do not submit the required information, either because they find doing so too onerous or because they are not aware of the requirement.2 Thus, when work requirements are imposed on recipients among whom employment is more common-such as those in SNAP and Medicaid—the reduction in benefits is more likely to exceed any increase in earnings.

2. Research has shown that many families whose income appears low enough for them to qualify for SNAP do not receive benefits because they do not adhere to the requirements for demonstrating that their income is low enough. However, that research does not examine whether the work requirement for able-bodied adults without dependents creates additional reporting requirements that lead to more eligible adults losing their benefits. See Colin Gray, "Leaving Benefits on the Table: Evidence From SNAP," Journal of Public Economics, vol. 179 (November 2019), https://doi.org/10.1016/j.pubecc.0219.104054; and Tatiana Homonoff and Jason Somerville, "Program Recertification Costs: Evidence From SNAP," American Economic Journal: Economic Publicy, vol. 13, no. 4 (November 2021), pp. 271–298, https://doi.org/10.11257/pol.20190272. When Arkansas instituted a work requirement for Medicald recipients, it substantially increased the frequency with which some adult recipients had to demonstrate continued eligibility, which probably led to a loss of Medicaid coverage among working adults.

Elderly people and people who receive disability benefits through
 Supplemental Security Income or Social Security are excluded from
 this analysis because they are exempt from work requirements.

Figure 4-1





The ability of work requirements to boost employment is limited by the extent to which recipients would have participated in work-related activities in the absence of those provisions. Most SNAP and Medicaid recipients are working or preparing to work even though few of them are subject to work requirements.

 ${\tt Data\ source: Survey\ of\ Income\ and\ Program\ Participation.\ See\ www.cbo.gov/publication/57702\#data.}$

Data are limited to recipients between the ages of 18 and 61 who were not receiving disability benefits.

Some recipients are engaged in multiple activities. They are included in the lowest applicable segment of the bar and not in higher segments.

AFDC = Aid to Families With Dependent Children; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

a. Recipients are defined as not working or preparing to work if they report not working, searching for work, being in a job-training program, or being in school.

Barriers to Work

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Work requirements are less likely to lead to employment and more likely to reduce income, including benefits, when applied to people who have conditions that make it difficult to find and keep a job. Participants in Temporary Assistance for Needy Families, SNAP, and Medicaid who are not working or preparing to work often report having such conditions.³ Many of them report having a disability that limits their ability to work, such as physical or mental health issues. Other common barriers to employment include caring for young children or not having a high school diploma or equivalent degree.⁴

In a 2014 survey, about 70 percent of recipients in TANF and SNAP who were not working or preparing to work reported having at least one barrier to employment, and about 20 percent reported having more than one (see Figure 4-2). Such barriers were also common among

- CBO used data from the 2014 Survey of Income and Program
 Participation to examine barriers to employment among recipients.
- Parents were classified as caring for a young child if they had a child under the age of 6 and were a single parent or had a working spouse

their counterparts in Medicaid, but less so. Under the stringent work requirements in TANF, recipients who report having those barriers are much less likely to be employed when they leave the program. The employment rate for former TANF recipients who report having multiple barriers to employment is about 35 percent, compared with about 70 percent for former recipients who report having none of those employment barriers.

Work supports can have a larger effect on employment when they are directed at people who face barriers to finding and keeping jobs instead of all participants. For example, subsidized child care can boost employment more when it is targeted at people who are not working because they cannot afford adequate care. In contrast, extending child care subsidies to people with higher income would probably have a smaller effect on employment because those people are more likely to be able to afford child care without a subsidy. Similarly, job training can boost employment more when it is directed at people who are unlikely to find a job because they lack marketable skills. Of the 11 approaches to getting AFDC recipients working that were evaluated in the 1990s, the largest increase

a

Figure 4-2. **Barriers to Employment Among Adult Recipients of Assistance** Who Are Not Engaged in Work-Related Activities, by Program

100 80 Most recipients of 60 assistance who are not working or preparing to work report facing 40 One Barrier at least one of three common barriers that hinder employment. 20 Multiple Barriers 0 TANE SNAP Medicaid

Data source: Survey of Income and Program Participation, 2014. See www.cbo.gov/publication/57702#data.

Data are limited to recipients between the ages of 18 and 61 who were not receiving disability benefits, working, searching for work, or in school. SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

a. The barriers to employment reflected in the data are having a work-limiting disability, not having a high school diploma or equivalent degree, and having a child younger than 6 while being a single parent or having a working spouse.

in employment came from assigning the most disadvantaged participants to training before they began searching for a job.5 However, even in that program many people remained unemployed, which is indicative of the limits of both work requirements and work supports.

A 2015 survey of SNAP recipients provides detailed data on the barriers to employment faced by recipients of means-tested benefits.6 As in the 2014 survey, physical and mental health issues are pervasive among those recipients. They constitute the most common barrier to employment, even though recipients of Supplemental Security Income and Social Security were excluded from the survey (see Figure 4-3). The 2015 survey also

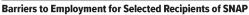
- 5. Gayle Hamilton and others, National Evaluation of Welfareto-Work Strategies (submitted by Manpower Demonstration Research Corporation to the Department of Health and Human Services, December 2001), https://tinyurl.com/2p89s5ad.
- Gretchen Rowe, Elizabeth Brown, and Brian Estes, SNAP Employment and Training (E&T) Characteristics Study: Final Report (submitted by Mathematica Policy Research to the Department of Agriculture, October 2017), https://go.usa.gov/xtgYQ.

excluded recipients who were caring for an incapacitated adult or a child under age 6 or who were participating in a drug or alcohol treatment program; still, 11 percent of respondents reported a lack of child care as a barrier to employment, indicating that not having access to beforeand after-school care can limit employment. Other reported barriers, such as a lack of education or transportation, could be addressed by workforce development programs. Overall, about 79 percent of the surveyed SNAP recipients reported facing at least one barrier to employment, and 48 percent reported more than one.

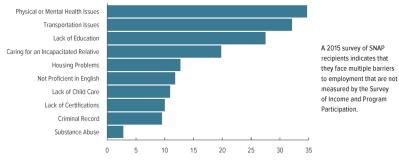
Economic Conditions

When economic conditions are poor, work requirements can have adverse effects on participants in means-tested programs. In particular, those requirements can substantially reduce program participation while boosting employment only a little, and they can reduce average income because the lost benefits are not offset by additional earnings. When jobs become harder to find, work requirements are difficult to meet through employment. At those times, if the requirements are not eased, they put families at greater risk of losing benefits before they

Figure 4-3.



D



Data source: Department of Agriculture. See www.cbo.gov/publication/57702#data

Data are limited to SNAP recipients who had to register for work. Thus, the data probably exclude most adults who are receiving disability benefits, caring for an incapacitated adult or a dependent child under age 6, or participating in a drug or alcohol treatment program.

SNAP = Supplemental Nutrition Assistance Program.

can find work—and they are less likely to spur recipients

In recent years, TANF's work requirements have probably reduced the average income of recipients during periods of high unemployment. To examine the effects of work requirements during such periods, the Congressional Budget Office used data from the Department of Health and Human Services that cover 2012 through 2018.7 Like other job seekers, parents in TANF find jobs far less frequently when the local unemployment rate is elevated. Yet the rate at which those parents lose cash payments does not decline substantially at such times.8 Instead, states terminate more families' benefits for violations of the work requirements (see Figure 4-4). Those terminations probably contribute to fewer families' being employed when they stop receiving cash payments, which leads to lower income. Between

7. For details on CBO's analysis, see Appendix B.

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Before 1993 (when the work requirement was imposed), AFDC recipients tended to stay in the program longer when the unemployment rate was high. See Hilary Hoynes, "Local Labor Markets and Welfare Spells: Do Demand Conditions Matter?" Review of Economics and Statistics, vol. 82, no. 3 (August 2000), pp. 351–368, https://doi.org/10.1162/003465300558812.

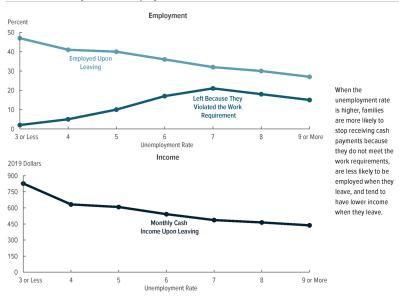
2012 and 2018, the average cash income of families in the month they stopped receiving assistance was \$485 (in 2019 dollars) when the unemployment rate was 6 percent or higher, compared with \$697 during periods of lower unemployment.

During economic downturns, policymakers are sometimes able to waive or reduce work requirements to lessen the negative effects on recipients' employment and income. Federal law allows states to waive SNAP's work requirement for able-bodied adults without dependents, for example, in areas where the unemployment rate exceeds 10 percent or is more than 20 percent above the national average. In addition, policymakers temporarily reduced the work requirements in TANF and SNAP during the 2020 recession. But TANF has fixed funding that constrains states' ability to provide benefits to

9. HHS notified state administrators that it would "grant reasonable cause exceptions... to the maximum extent possible" for 2020; see Department of Health and Human Services, Administration for Children and Families, "TANF-ACF-PI-2020-01 (Questions and answers About TANF and the Coronavirus Disease 2019 [COVID-19] Pandemic)," March 2020, https://go.usa.gov/xtggc. In addition, the Families First Coronavirus Response Act suspended the work requirement for ABAWDs through the month after the public health emergency declaration is lifted.

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Figure 4-4. **Employment and Access to Benefits for Families of Single Adults With Children** Who Left TANF, by Local Unemployment Rate



Data source: Department of Health and Human Services, 2012 through 2018. See www.cbo.gov/publication/57022#data.

The analysis is generally limited to the families of single women with children who are subject to the federal work standard and who live in one of the nine states for which CBO has adequate data.

families for a longer period by relaxing its work requirements during economic downturns. Ninety-five percent of federal funding for TANF is provided through the State Family Assistance Grant, which remains at about \$16.5 billion regardless of economic conditions. Thus, it is more difficult for states to fund extended TANF benefits in response to an increase in economic hardship than it is for states to expand assistance through SNAP or Medicaid, both of which generally receive enough federal funding to provide benefits to all eligible people.

When economic conditions deteriorate, some work supports probably become more effective than others

at boosting employment. Subsidized employment and job training, for instance, can build skills at times when participants are unlikely to gain experience through an unsubsidized job because so few are available. (When jobs are plentiful, those work supports are probably more likely to replace unsubsidized employment.) In contrast, subsidized child care might boost employment less when jobs are scarce. That is because fewer of the people who would work more if they received subsidized child care would be able to find additional work.

Chapter 5: Options for Changing Work Requirements and Work Supports

Changing the stringency of work requirements and funding for work supports would affect the employment and income of the families served by Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program, and Medicaid. By altering program participation and average benefit amounts, policy changes could also affect federal spending.

The Congressional Budget Office has examined seven options that policymakers could pursue to expand or reduce work requirements or work supports. The options are assumed to take effect at the beginning of fiscal year 2023. This report gives CBO's conclusions about the options' broad effects on participation, employment, income, and spending. In many cases, the magnitude of the effects is highly uncertain.

Two Options That Would Expand Work Requirements

CBO examined two of the many ways in which lawmakers could expand work requirements to promote employment and reduce federal spending (see Table 5-1, top panel). In general, expanding work requirements would cause some newly covered recipients to work more, and most of those recipients would see their earnings rise by more than their benefits fell. But other recipients would be left without earnings or benefits because they did not comply with the new requirements. The reduction in benefits would lower federal spending if the work requirements were imposed on recipients of SNAP or Medicaid because the federal government funds a fixed percentage of those benefits.

Require Able-Bodied Medicaid Recipients Without Dependents to Work

The first option that CBO examined would require all states to impose work requirements on their Medicaid

recipients. Under this policy, which would be similar to the requirements imposed in Arkansas, able-bodied adults who have no dependents and who are between the ages of 19 and 49 would lose Medicaid coverage if they did not participate in work-related activities for at least 80 hours per month for three or more months over the course of a year. Adults would be exempt from the requirements if they have dependents, receive benefits from Supplemental Security Income or Disability Insurance, are pregnant, or have certain mental or physical health conditions. In addition to employment, hours spent in school, training for a job, searching for a job, or performing community service would count toward the 80-hour minimum. About 30 million people would be potentially subject to the work requirements each year, though many of them would qualify for an exemption.

This option would substantially increase the amount that people who lost Medicaid coverage would pay out of pocket for medical services, and it would increase employment very slightly. By CBO's estimate, a very small portion of adults who were subject to the new requirements would work more hours to avoid losing insurance through Medicaid. Employment would not increase much because many Medicaid recipients have limited access to work supports and do not receive intensive case-management services. For every recipient who worked more, several recipients would lose Medicaid coverage because they failed to demonstrate compliance, and many of those adults would become uninsured. They would forgo some health care and pay more out of pocket for the care they did use, leaving them with less money to spend on nonmedical goods and services, on average. The increase in medical expenses from the loss of insurance coverage under this option is far more certain than the change in employment.

This option would decrease federal spending by about \$135 billion from 2023 to 2031, CBO estimates. Spending would fall by about \$15 billion per year, on average, because about 2.2 million adults would lose Medicaid coverage. That reduction in enrollment represents a substantial portion of the adults who would be subject to the work requirements. (Many other adults would be exempt.)

In some cases, changes to a program can affect spending on other programs in addition to spending on the changed program. For example, policies that increased the cash payments provided through TANF would reduce the benefits provided through SNAP. Changes in spending on other programs are not included in the estimates of costs provided in this analysis.

Table 5-1.

Effects of Particular Options That Would Change Work Requirements

	Number of People Potentially Subject to the Change per Year*	Effect on People Subject to the Change		 Effect on Federal
Option		Percent Employed	Income and Expenses	Spending, 2023 to 2031
		Expand Work	Requirements	
Require Able-Bodied Medicaid Recipients Without Dependents to Work	About 30 million	Very small increase	About 2.2 million adults per year would lose Medicaid coverage, which would increase their health care spending, on average	Decrease by \$135 billion
Expand SNAP's Work Requirement While Providing More Employment and Training Services	About 10 million	Modest Increase	Average income would decline; many families would have very low income, but some families would have higher earnings	Spending on benefits would decrease, but administrative costs would increase
		Reduce Work	Requirements	
Eliminate Hours-Worked Criteria for ABAWDs' Continued SNAP Eligibility	About 5 million	Small decrease	Average income would increase; some adults would have lower earnings, but the number of adults with very low income would decline substantially	Increase
Prohibit States From Imposing TANF's Work Requirements on Single Parents With a Child Younger Than One	About 50,000	Modest decrease	Average income would change little, but fewer families would have very low income	Unchanged

Source: Congressional Budget Office.

The options would be implemented at the beginning of 2023.

The hours-worked criteria limits ABAWDs to 3 months of benefits in any 36-month period if they are not working at least 20 hours per week or in job training. ABAWD = able-bodied adult without dependents; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

Expand SNAP's Work Requirement While Providing More Employment and Training Services

Under current law, only able-bodied adults who do not have dependents and who are under the age of 50 (ABAWDs) risk losing SNAP benefits if they do not spend 20 hours a week, on average, participating in work-related activities. This second option that CBO examined would potentially extend that requirement to about 10 million able-bodied adults between the ages of 18 and 49 who have dependents, though many of them would qualify for an exemption.2 (Other members of

2. States could still waive the work requirement if their unemployment rate was high. Certain categories of people (pregnant women, the parents of children younger than 6, and people who care for an incapacitated person) would be exempt from the requirement. States would have some discretion to exempt individuals otherwise subject to the requirements.

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those adults' households would not be at risk of losing benefits because of the requirement.) Participants would receive additional employment and training services to boost their chances of finding a job.

This option would reduce federal spending if the decrease in spending on SNAP benefits exceeded the increase in the program's administrative costs, which include the cost of providing additional employment and training services. If this option increased that spending substantially, it could push up spending overall. Spending on SNAP benefits would fall primarily because of reductions in benefits for adults who did not comply with the work requirement. (Spending on benefits would also fall for adults whose earnings rose because they worked more to meet the requirement.) To help adults comply with the work requirement, the option

a. Many of those people would be exempt from the expanded work requirements because they fall into certain categories (for example, caring for an incapacitated person) or, for SNAP, because they live in an area with high unemployment. For similar reasons, many of the adults potentially subject to the reduced work requirements are exempt from the work requirement under current law.

would substantially increase federal funding for SNAP's employment and training programs and would require states to offer case-management services to all adults subject to it. The states would not be required to match any of the additional federal funding for such programs. In 2019, the federal government provided \$124 million in such unmatched funding for employment and training programs.

In all likelihood, this option would modestly increase employment among the additional recipients who would become subject to the expanded work requirement. Its effect on employment would probably exceed that of the option that would impose a work requirement on Medicaid recipients because SNAP recipients would be offered more work supports. (Some states would probably not be prepared to offer those supports for several years.) But the evidence of employment increases from the work requirement for ABAWDs suggests that this option would boost employment only a little if recipients were not provided with intensive case-management services, such as assistance provided in person by a trained caseworker. The effects of this option on employment and earnings are also highly uncertain because of the lack of research on SNAP's employment and training programs.

Under this option, income would decline, on average, for households with adults who were not exempt from the work requirement. Many of those households have few other resources. In particular, only about 53 percent of SNAP households with children had earnings in 2019. Many of the nonworking households whose benefits would decrease under this option would have very low income. For example, a single parent with two children who was not working would have his or her maximum monthly SNAP benefit reduced from about \$658 to around \$459 in 2022 (excluding the emergency allotments that will expire once the current public health emergency declaration is lifted); in many cases, that payment would still be the family's primary source of income because few families receive cash payments from TANF. Other adults would probably work more under this option, but the size of the increase in their earnings from the combination of the expanded work requirement and work supports is very uncertain. According to CBO's assessment, that increase in earnings would be smaller than the reduction in benefits, thus decreasing families' income, on average.

Two Options That Would Reduce Work Requirements

Lawmakers could reduce work requirements in many ways to boost the income of the poorest families. This analysis examines two of them (see Table 5-1, bottom panel).

In general, if work requirements were lessened, many newly exempt recipients would receive benefits for a longer period, and fewer of those recipients would work.3 During periods of high unemployment, the boost in income from extended benefits would probably be larger than the reduction in earnings from less work. Generally, the increase in benefits would lead to higher federal spending for SNAP and Medicaid but not for TANE.

Eliminate Hours-Worked Criteria for **ABAWDs' Continued SNAP Eligibility**

Under this option, able-bodied adults without dependents would no longer be limited to 3 months of benefits in any 36-month period if they were not working at least 20 hours per week or in job training. Eliminating that hours-worked criteria would increase spending on SNAP by boosting the number of people receiving benefits. About 5 million fewer people would be potentially subject to the work requirement each year, though many of them are exempt from it under current law. This option would increase federal spending by providing benefits to more people.

Among the people who would no longer be subject to SNAP's work requirement, this option would probably decrease employment slightly-but it would substantially increase income for the many SNAP recipients who would no longer lose benefits because of the work requirement. A much smaller number of people would have lower income from working less because they would no longer be at risk of losing SNAP benefits. But the specific size of the decrease in employment (and the resulting effect on earnings) is highly uncertain. In contrast, this option would clearly reduce the number of nonworking ABAWDs with very low income by providing them with more assistance to purchase food, and it would probably increase ABAWDs' income, on average.

In addition to possibly boosting income, on average, these
options would allow nonworking people to continue receiving benefits, thus affording them a steady income stream Compelling those people to try to find and keep employment, by contrast, could result in their periodically having no income.

Prohibit States From Imposing TANF's Work Requirements on Single Parents With a Child Younger Than One

Although states are allowed to exclude from TANF's work requirements single parents with a child who has yet to turn one, about half of states choose to apply those requirements to some or all of those parents. Under this option, states would not be allowed to reduce the benefits given to those parents for insufficient participation in work-related activities. That change would reduce the number of TANF recipients whose families were potentially subject to the work requirements by about 50,000 each year, CBO estimates, though many of those families would have been exempt under current law. The resulting increase in the number of TANF recipients would not change federal funding for the program, which is set at a fixed amount.

To better understand the potential implications of this option on employment and income, CBO examined the experience of TANF recipients in Alabama. In October 2017, that state stopped exempting from TANF's work requirements the single parents of children between the ages of 6 months and 11 months.4 Even though this option would make a change in the opposite direction (eliminating instead of imposing the work requirements on parents with a young child), the effects are probably comparable in size. CBO used data provided by the Department of Health and Human Services for this particular analysis.

This option would decrease employment among the parents subject to it by slowing the rate at which they found jobs. Alabama's application of its work requirement to single parents of children between the ages of 6 months and 11 months substantially increased their employment.5 Although raising the age threshold back to 12 months in Alabama might lower employment to its previous level, this option would be unlikely to have an effect that large on employment nationwide. The unemployment rate in Alabama was about 4 percent when it implemented the change in work requirements, whereas this option would probably exempt mothers in areas of

the country where jobs were scarce as well as in areas where they were plentiful.

Alabama's application of its work requirement to single parents of children under age one appears to have increased their average cash income during the year after they entered TANF. Average cash income increased because the additional earnings for some families were larger than the loss of cash payments for families who did not meet the work requirement. This option, which would reverse such a policy in a number of states, would have effects in the opposite direction.

Nevertheless, CBO expects that this option would not change recipients' income much, on average. Although raising the age threshold back to 12 months in Alabama might lower average cash income in that state to its previous level, the net effect of such a change on earnings nationwide would probably be much smaller, for two reasons. First, jobs would not be as plentiful in some of the states that would be forced to raise the threshold, which would decrease the number of recipients that could find work under current law and thus reduce the income loss under this policy. Second, Alabama provides smaller cash payments than most other states, so families who, because of this option, stayed in the program longer in those other states would see a larger increase in payments.

This option would reduce the number of families with very low income, in CBO's estimation. Many of the parents who would not work regardless of the requirement would be spared from having very low income because they would remain eligible for cash payments. Other parents would have lower income because they would choose to work less in the absence of the work requirement, but eligibility for cash payments would spare many of them from having very low income.

Two Options That Would Expand Work Supports

To promote employment and increase the income of poor families, lawmakers could expand work supports for participants in means-tested programs. In general, expanding work supports would increase employment and boost consumption because it would reduce recipients' spending on child care and job preparation as well as increase their earnings. (The effect on consumption would be greater than that from expanding work requirements.) Expanding work supports would push up federal spending if the funding was not diverted from

^{4.} The only time one of the 14 states in CBO's data from HHS increased the exemption to 11 months appears to be in 2014. That change is difficult to evaluate because during the months leading up to it, the state rarely enforced the work requirement on families with young children.

^{5.} For a detailed description of CBO's results and methods, see Appendix B.

Table 5-2.

Effects of Particular Options That Would Change Work Supports

	Number of People Subject [—] to the Change per Year	Effect on People Subject to the Change		
Option		Percent Employed	income and Expenses	Effect on Federal Spending, 2023 to 2031
		Expand Work	Supports	
Increase Funding for Subsidized Child Care to Support More TANF, SNAP, and Medicaid Recipients	Hundreds of thousands	Small increase	Earnings would increase slightly, and child care expenses would fall substantially	Increase by \$26 billion
Increase Funding for TANF Work Supports When Unemployment Is High	Tens of thousands	Eventual increase	Income would increase substantially	Increase by \$5 billion
		Reduce Work	Supports	
Require States to Spend at Least 20 Percent of TANF's Funding on Cash Payments	Hundreds of thousands	Small decrease	Income would increase substantially	Unchanged ^a

Source: Congressional Budget Office.

The options would be implemented at the beginning of 2023.

SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

other services, however. Although increases in earnings from expanded work supports might reduce spending on means-tested benefits, those reductions would be unlikely to offset a large portion of the spending on the work supports. Among the many ways that lawmakers could expand work supports, CBO examined two options (see Table 5-2, top panel).

Increase Funding for Subsidized Child Care to Support More TANF, SNAP, and Medicaid Recipients

To make subsidized child care available to more parents in TANF, SNAP, and Medicaid, this option would increase federal funding for the discretionary component of the Child Care Development Fund by \$3 billion per year (which represents 50 percent of nonsupplemental funding).6 In response to that increase in federal funding for child care, states could reduce the amount paid by the many single parents in those three programs who already receive subsidies. In addition, states could use a portion

of the additional federal funding to assist some of the single parents in those programs who pay for unsubsidized child care despite meeting the federal requirements for the CCDF. By expanding subsidized child care for hundreds of thousands of parents each year, this option would increase federal spending by about \$26 billion from 2023 to 2031, CBO estimates.

Under this option, states would provide subsidies to more program participants and increase the size of the subsidies, which would reduce participants' share of the cost of child care and probably help them obtain higher-quality care. Beginning in 2018, lawmakers increased funding for the CCDF by 41 percent, and by 2019 the states had used that funding to raise spending about 34 percent above its level in 2017. As a result, the number of subsidy recipients rose by about 7 percent, and the number of children on waitlists for subsidized child care fell by about 53 percent.

States primarily increased their spending in 2019 by boosting child care subsidies. States increased the subsidies by decreasing the amount that parents have to contribute and by raising the maximum rate a child care

a. For most programs, reducing work supports would decrease people's income and reduce federal spending.

Increases in funding larger than \$3 billion would probably be less targeted at parents in TANF, SNAP, and Medicaid because a greater portion of the additional subsidies would go to parents whose income is too high for them to qualify for those programs.

provider can charge and still be eligible for a subsidy. Raising the maximum rate allowed parents to select more expensive providers and thus probably obtain higher-quality care.

This option would increase employment slightly among the parents who received more benefits through the CCDF. The increase in employment would be concentrated among recipients who would not have received a subsidy under current law, and the 2018 expansion indicates that they would constitute a modest portion of the recipients affected by the expansion. In addition to enabling more parents to work immediately, this option would allow more parents to undertake job training and job searching by making more subsidies available to parents who are preparing to work.

Some recipients of TANF, SNAP, and Medicaid would have substantially more resources to spend on goods and services other than child care under this option. In addition to the boost in earnings from more employment, parents would tend to spend less on child care. The number of parents paying for unsubsidized care would fall, and some states would use the additional funding to reduce copayments tied to subsidized care, which would benefit the parents who were already receiving subsidies.

Increase Funding for TANF's Work Supports When Unemployment Is High

Under current law, federal funding for TANF changes little in response to economic conditions. To develop the workforce more during periods of weak economic growth—when jobs are scarce—this option would increase a state's TANF funding when its unemployment rate was high. Specifically, funding would rise by 10 percent when a state's unemployment rate was above 6 percent, 20 percent when it was above 7 percent, and 30 percent when the rate exceeded 8 percent.

The increase in funding would be focused on periods when unemployment was widespread. For example, if this option had been in effect during 2009 and 2010, when the national unemployment rate peaked at 9.9 percent,

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it would have increased funding in 47 states by a total of \$9 billion. In contrast, the option would have increased funding in only one state in 2018 and 2019, when the national unemployment rate fell to a low of 3.6 percent.

The additional funding would be used to cover 80 percent of increases in spending on job training, subsidized employment, and recurring cash payments that occur during the period of high unemployment. Other uses of the funds would be prohibited. Constraints on how the funding is spent would be similar to those that accompanied the emergency contingency fund used in the wake of the 2007–2009 recession. This option would affect tens of thousands of program participants each year, and it would increase federal spending by \$5 billion from 2023 to 2031, CBO estimates.⁹

States would cover the remaining 20 percent of additional spending on job training, subsidized employment, and recurring cash payments, but they would not have to increase their own total spending on TANF. Instead, they could offset their additional spending on those services by spending less on other TANF services. Thus, even if states found it difficult to allocate more of their own revenues to TANF, they could still receive the additional funding. Program requirements would stipulate that the funding be spent promptly on services that increase participants' job skills or income.

This option would probably raise employment eventually by bolstering participants' job skills. But the initial effect on employment in each state would depend on which services it chose to expand. On the one hand, employment could fall because some recipients of job training would have worked otherwise and because additional spending on cash payments would make some people work less. But those two effects would probably be modest because few recipients would be able to find work

^{7.} Karen Schulman, Early Progress: State Child Care Assistance Policies 2019 (National Women's Law Center, October 2019), https://tinyurl.com/2p8nj6n6 (PDF, 2.3 MB).

Marianne P. Bitler and Hilary W. Hoynes, "The State of the Social Safety Net in the Post-Welfare Reform Era," Brooking Papers on Economic Activity, no. 2 (Fall 2010), https://tinyurl.com/2/p8bpv7v.

^{9.} For a description of how CBO forecasted a distribution of national unemployment rates, see Michael McGrane, A Markow-Suiching Model of the Unemployment Rate, Working Paper 2022-05 (Congressional Budget Office, March 2022), www.cbo.gov/publication/57582. Using historic tendencies in states' unemployment rates, CBO estimated a distribution of those rates around each national unemployment rate. CBO's models are designed to forecast the number of states that would have high and low unemployment rates but not which states those would be.

^{10.} Some of the increase in employment and income from more spending on job training and subsidized employment could be offset by the states' spending less on other work supports.

during periods of high unemployment. On the other hand, employment could rise initially because some recipients of subsidized employment would not have been hired had the employer had to bear all the cost. ¹¹ Eventually, the skills that recipients developed through job training and subsidized employment would probably help them find slightly more work, on average, across the various state programs. ¹²

This option would increase recipients' income in the short term and most likely in the long term as well. Additional spending on subsidized employment and cash payments would boost their income immediately, and the skills they learned through subsidized employment and job training would probably lead to higher future earnings, on average.

One Option That Would Decrease Work Supports

One way to reduce federal spending would be to decrease the work supports provided through meanstested programs. In general, decreasing work supports would reduce recipients' employment, lower their consumption (by causing them to spend more on child care and job preparation), and decrease their earnings. If, instead, funding was shifted from work supports to cash payments for nonworking families, the number of families in deep poverty could be reduced. Federal spending would be unchanged in that case, however (see Table 5-2 on page 35, bottom panel). CBO analyzed that option—even though it is not representative of the typical effects of decreasing work supports—because it is the only recent proposal for reducing work supports that the agency identified.

- 11. Experience indicates this option might boost employment among people who are not in TANF. In the wake of the 2007–2009 recession, states appear to have used the emergency contingency fund to provide subsidized employment to many people who were not in TANF. See Mary Farrell and others, Subsidizing Employment Opportunities for Lou-Income Families: A review of State Employment Programs Created Through the TANF Emergency Fund (submitted by MDRC to the Department of Health and Human Services, December 2011), https://injuyul.com/2p86bdjt.
- 12. Some job training and subsidized employment programs have achieved persistent increases in employment and earnings, but others have not (see Chapter 3 for details). That evidence indicates that this option would be more likely to increase employment and earnings if job training is focused on occupations that have the potential for career advancement.

Require States to Spend at Least 20 Percent of TANF's Funding on Cash Payments

This option would require states to spend at least 20 percent of TANFs total funding, excluding administrative and systems costs, on recurring cash payments for recipients—reversing a modest portion of the downward shift in that portion of funding that has occurred over the past 25 years. Hundreds of thousands of TANF recipients would be affected each year by that change, and their income would increase substantially as a result. This option would not affect federal spending.

To cover the increased cost of the cash payments, some states would probably reduce spending on other TANF-funded services; other states might spend more of their own funds on TANF as a whole. States would probably offset most of the increase in spending on cash payments by reducing spending on work supports and social services. In 2019, states that spent less than 20 percent of their TANF funding on recurring cash payments spent about 40 percent on subsidized child care and an additional 15 percent on other work supports. Furthermore, they allocated about 30 percent toward social services for children, including initiatives aimed at boosting educational attainment of parents, promoting family preservation and reunification, and providing guidance for parents on child health and development.

This option would expand the resources of low-income families by increasing the amount of cash assistance they received. If this option had been in effect in 2019, the 27 states that apportioned less than 20 percent of their TANF funding to cash payments would have had to increase spending on those payments by \$1.1 billion, which constitutes an 18 percent increase in the total cash payments provided by all states—and 10 of them would have had to more than double their spending on those payments. States could provide more cash assistance in two ways: by paying families more or by making payments to more families (a task they could accomplish by loosening eligibility standards and conducting outreach to increase the percentage of eligible families that apply for benefits).

The increase in cash payments would substantially boost the income of some of the poorest families in the affected states. In the 27 states that spent less than 20 percent of their TANF funding on cash assistance, about 35 percent of the families who receive those payments report being in deep poverty. One reason income is so low in

those states is that the states provide little cash assistance to recipients—families in those states receive \$321 per month, on average, compared with \$508 per month in other states. In addition to making larger payments to some recipients, the 27 states could provide benefits to more families in poverty. Currently, those states provide cash assistance to only about 6 percent of the families of single parents who are in poverty.

This option would decrease employment by reducing work supports and lessening recipients' incentive to work. The number of people who would no longer work

would probably be small compared with the number of people who would receive larger cash payments. The size of the change in employment is highly uncertain, though, because it would depend on how states chose to increase their spending on cash assistance. Increasing the amount of the payments to nonworking recipients and boosting the number of nonworking recipients who got those payments would decrease employment. But some states might choose to make cash payments available to working recipients for longer periods, which could increase employment.

Appendix A: Sources of Income for Families 24 Months After They Start Receiving Cash Assistance

The Temporary Assistance for Needy Families (TANF) program emphasizes reducing recipients' dependence on government benefits by promoting self-sufficiency through employment. Its work requirements, which were enacted into law in 1996 as part of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), are intended to help families more quickly replace cash payments with earnings. By law, states are required to ensure that most recipients are working within 24 months of first receiving cash assistance. To meet that requirement, states impose work requirements on most parents before they have been in the program for 24 months.

This appendix describes how the Congressional Budget Office used data from the Survey of Income and Program Participation (SIPP) to evaluate the extent to which TANF's work requirements increased the portion of families that were able to replace cash payments with earnings in two years.¹

The SIPP Data That CBO Used

The SIPP is a nationally representative survey of U.S. households that is designed as a series of panels. For each panel, the Census Bureau continually interviews survey respondents in the same households—every four months in most panels—for periods ranging from 32 months to 64 months. CBO analyzed the SIPP panels that began in 1990, 1991, 1992, 1993, 1996, 2001, 2004, 2008, and 2014. The largest panel includes around 50,000 households, and the smallest one includes about 15,000 households.

In each interview, survey respondents were asked about their employment, income, and participation in

means-tested programs, including Aid to Families With Dependent Children (AFDC, the program that preceded TANF and was in place until 1997), TANF, and the Supplemental Nutrition Assistance Program (SNAP). Because far fewer respondents participate in TANF than SNAP or AFDC, estimates for that program are less certain.

Researchers have shown that participation in AFDC/TANF is sometimes misreported in the SIPP? To improve the accuracy of its analysis, CBO's sample focused on single mothers—the group that constitutes the vast majority of adults who receive benefits from TANF, according to administrative data. Single fathers and married parents who report being in TANF are probably more likely to have misreported their participation.

CBO's Approach to Analyzing the SIPP Data

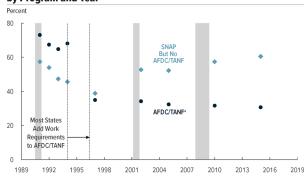
CBO estimated the effects of work requirements on families' sources of income by comparing changes in those income sources for single mothers in TANF and for single mothers in SNAP in selected years in the 1990s and 2000s. That period encompasses the years during which welfare reform was most active (the mid-1990s). In those years, policymakers undertook a series of actions—including a large expansion of work requirements in AFDC/TANF—to encourage employment. Several states expanded work requirements in AFDC starting in 1994; by 1997, many states had implemented TANF's broad work requirements. Thus, CBO compared sources of income in 1993 (the final year before those changes occurred) with those in 1997 and in later years for which data were available.

CBO also used the SIPP to evaluate the characteristics of recent participants in TANF, the Supplemental Nutrition Assistance Program, and Medicaid as well as the types of child care used by single parents in those programs.

Bruce D. Meyer, Wallace K. C. Mok, and James X. Sullivan, "Household Surveys in Crisis," Journal of Economic Perspectives, vol. 29, no. 4 (Fall 2015), pp. 199–226, http://doi.org/10.1257/ jep.29.4.199.

Ciarra A 4

Share of Families Continuing to Receive Assistance After 24 Months, by Program and Year



Single mothers in TANF, who were subject to work requirements starting in the mid-1990s, tended to stop receiving benefits much sooner than they had before. In contrast, the share of single mothers in SNAP who continued to receive benefits remained about the same.

Data source: Survey of Income and Program Participation. See www.cbo.gov/publication/57702#data.

The analysis is limited to unmarried mothers between the ages of 18 and 61 who are not students and are not receiving disability benefits.

Data are presented only for the years in which the sample size provides sufficient precision.

AFDC = Aid to Families With Dependent Children; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

a. Nearly all TANF recipients also receive benefits from SNAP.

For sources of income, CBO focused on cash payments and income from employment 24 months after single mothers first started receiving cash payments from either AFDC or TANF. CBO relied on self-reported data to mark the start of assistance. Many single mothers were already receiving payments from AFDC/TANF or SNAP in the first month they responded to the survey; for those recipients, the date of their first response was considered their start of assistance.

CBO aggregated responses about sources of income 24 months after assistance began across all participants in a particular program within a panel. Aggregating fewer months of data (by taking an average for each year, for example) would result in imprecise estimates because few respondents entered TANF in some years. To determine which date to associate with each data panel, CBO took the average of the dates at which respondents entered the program and added 12 months to get the midpoint between the start of assistance and the period in which the agency evaluated sources of income. That date determined whether the estimates from that panel

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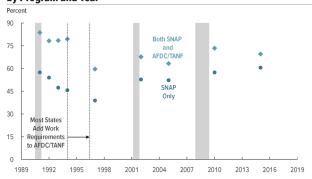
would be included in the period before or after welfare reform. For the 1992 panel, that date was at the end of January 1993; for the 1996 panel, it fell in the middle of May 1997. Thus, the 1992 panel was the last one in the prepolicy period, and the 1996 panel was the first one in the postpolicy period.

Families' sources of income could have changed from 1993 to 1997 as a result of factors other than work requirements, such as the expansion of the earned income tax credit (EITC) or the strengthening economy. To evaluate whether the changes in sources of income were caused by the work requirements, CBO compared those changes for TANF recipients and SNAP recipients. (SNAP did not impose work requirements on single mothers, but those women were eligible for the EITC just like their counterparts in TANF were.) Specifically, CBO focused on single mothers in SNAP who were not in TANF. Single mothers enrolled in both programs were excluded from the SNAP sample because they would have been subject to TANF's work requirements. That approach also enabled CBO to determine whether the

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Figure A-2.

Share of Families Continuing to Receive SNAP Benefits After 24 Months, by Program and Year



After the imposition of work requirements, single mothers who received benefits through both SNAP and TANF tended to stop receiving SNAP benefits much sooner than they had before—even though continued receipt of SNAP benefits was not subject to work requirements.

Data source: Survey of Income and Program Participation. See www.cbo.gov/publication/57702#data.

The analysis is limited to unmarried mothers between the ages of 18 and 61 who are not students and are not receiving disability benefits.

Data are presented only for the years in which the sample size provides sufficient precision

AFDC = Aid to Families With Dependent Children; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

strengthening economy caused the changes in the sources of income: Single mothers in both TANF and SNAP would probably have responded to economic conditions similarly because those participants did not differ much in their age, educational attainment, and other characteristics measured in the data.

Families' Sources of Income 24 Months After Receiving **Cash Assistance**

The AFDC/TANF work requirements substantially reduced the number of single mothers who continued to receive cash payments two years after entering the program. The prevalence of those longer spells in AFDC/ TANF fell by half from 1993 to 1997 and remained low in subsequent years (see Figure A-1 on page 40). Although the prevalence of longer spells fell by 30 percentage points among AFDC/TANF participants, it fell by only 8 percentage points for SNAP recipients who were not in TANF. That contrast suggests that the drop in the prevalence of longer periods of cash assistance was

mostly the result of changes to AFDC/TANF policies, not the EITC or strengthening economy.

The AFDC/TANF work requirements appear to have temporarily decreased the number of single mothers who continued to receive nutrition assistance two years after entering SNAP. Mothers who entered both AFDC/ TANF and SNAP 24 months earlier were 19 percentage points less likely to still be receiving benefits through SNAP in 1997 than they were in 1993, even though SNAP did not impose work requirements on families with children (see Figure A-2). One likely reason for the decline is that the work requirements added to AFDC increased the earnings of some participants enough that they no longer qualified for SNAP. But many of the parents who stopped receiving benefits from both programs appeared to still be eligible for SNAP because they were not employed. In 1993, about 58 percent of nonworking single mothers who left AFDC/TANF also left SNAP at the same time; that number fell to only 41 percent in

After work requirements

programs tended to find

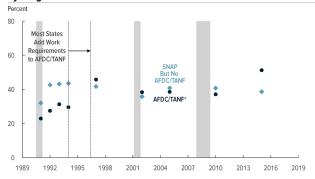
who were not subject to work requirements.

employment more quickly. That was not the case for single mothers in SNAP,

were added to cash assistance programs, the single mothers in those

Figure A-3

Share of Mothers Employed 24 Months After Family Began Receiving Assistance, by Program and Year



Data source: Survey of Income and Program Participation. See www.cbo.gov/publication/57702#data.

The analysis is limited to unmarried mothers between the ages of 18 and 61 who are not students and are not receiving disability benefits. Data are presented only for the years in which the sample size provides sufficient precision.

AFDC = Aid to Families With Dependent Children; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

a. Nearly all TANF recipients also receive benefits from SNAP.

1997.³ In subsequent years, about 17 percent of non-working single mothers who left TANF also left SNAP at the same time, and the prevalence of longer spells in SNAP rose back to its pre-PRWORA level, according to CBO's analysis of SIPP data.

TANF's work requirements led to a higher employment rate for single mothers two years after they entered the program. The employment rate for mothers who had entered TANF two years earlier rose by about 14 percentage points from 1993 to 1997 (see Figure A-3). The strong economic conditions of the late 1990s do not appear to have had a large direct effect on employment

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because the employment rate among single mothers in SNAP who were not subject to TANF's work requirements changed little. In subsequent years, employment among single parents who had participated in TANF remained elevated, whereas the employment rate for their counterparts in SNAP remained relatively low.

The increase in employment for single parents two years after entering TANF was smaller than the decrease in their continued receipt of cash assistance, which indicates a rise in the number of families with neither earnings nor cash payments. Even though employment rates rose by 14 percentage points from 1993 to 1997, the percentage of single parents still receiving cash payments two years after entering the program fell by 30 percentage points. Those results are consistent with other evidence indicating that TANFs work requirements contributed to the increase in the number of families with neither earnings nor cash assistance.

Another study also found that the transition from AFDC to TANF led to large reductions in SNAP participation. See Janet Currie and Jeffrey Grogger, "Explaining Recent Declines in Food Stamp Program Participation," *Brooking-Wharton Papers on Urban Affairs*, vol. 2 (2001), pp. 203–244, www.jstor.org/ stable/25058786.

Appendix B: The Effects of Work Requirements on People's Employment and Income in Recent Years

Within the past few years, states have imposed work requirements more widely, including during periods of high unemployment and on participants in the Temporary Assistance for Needy Families (TANF) program who have children under the age of one. To continue receiving benefits, program participants must work or participate in work-related activities.

The Congressional Budget Office used administrative data from the Department of Health and Human Services (HHS) to estimate the effects of work requirements in TANF on recipients' employment and income in recent years and during periods of high unemployment. The analysis presented here supplements the limited evidence on how work requirements have affected employment and income since 2000.

The HHS Data That CBO Used

The administrative data that HHS collects give a detailed description of the economic situations for many families in TANF and track changes in those situations. State agencies that administer the TANF programs report the data to HHS to demonstrate compliance with federal requirements, including the work standard and the five-year limit on cash payments.

This analysis is based on data from 2012 to 2018 for TANF recipients in 14 states.² The states that CBO included in the sample provided records for all their TANF recipients (which no states did before 2012), and family identifiers enabled CBO to observe how the

circumstances of those families changed over time while they were in TANF. CBO used the fine details in the data, such as recipients' dates of birth, to confirm that family identifiers were used consistently in the 14 states.

CBO could not use data for the other 36 states because they were subject to at least one of three limitations.

- First, only 28 states and the District of Columbia provided data for all their recipients. The other 22 states provided data for a small portion of recipients. Because those samples are redrawn each month, CBO cannot track changes in the circumstances of those recipients and the length of their spells—or months of consecutive assistance—in TANF.
- Second, of the 28 states that provided data for all their recipients, several frequently transferred recipients to other cash assistance programs for which CBO does not have data.
- Third, CBO could not confirm that the family identifiers were unique and used consistently for several states; use of data from those states might have obscured changes in the circumstances of recipients in those states.

The main data file from HHS includes monthly records of families' participation in work-related activities, earnings, other sources of income, and demographic traits. The sources of cash income included are earnings, child support, and benefits from TANF, Social Security, Supplemental Security Income, unemployment insurance, and workers' compensation. Also included are benefits received from the Supplemental Nutrition Assistance Program (SNAP) and subsidies for child care.

HHS also provided data files that record the circumstances of TANF recipients when they leave the program,

The analysis focuses on the families receiving TANF that are headed by single parents who could be counted by the states toward the work standard. Families headed by single parents are excluded from that standard if the parents are disabled or are caring for a disabled family member.

The 14 states are Alabama, Alaska, Georgia, Hawaii, Idaho, Indiana, Iowa, Kentucky, Louisiana, Minnesota, Oklahoma, Oregon, Washington, and Wyoming.

including their reason for leaving and their income in the month they stop receiving cash payments. Those data allowed CBO to confirm that the TANF spell ended in the month following the last month that the family appeared in the main file.

Effects of Work Requirements When the Unemployment Rate Is High

During periods of adverse economic conditions, work requirements can have negative effects on program participants. Those requirements can substantially lessen program participation while boosting employment only a little and reducing recipients' average income. When work becomes harder to find, it can be difficult for recipients to meet those requirements through employment. If the work requirements are not eased at those times, more families are at risk of losing benefits before they can find work.

To examine how the effects of work requirements on employment vary with economic conditions, CBO looked at recipients' employment, income, and program participation over a certain period. Specifically, CBO estimated how those factors varied with the unemployment rate across 708 counties in 9 selected states between 2012 and 2018.³To explore whether that variation was the result of TANF's work requirements, CBO examined whether families were more likely when the unemployment rate was high to have their TANF spells end because they violated the work requirements.⁴

CBO found that TANF's work requirements probably boosted recipients' employment less when the unemployment rate for their county was high. In particular, only 4.8 percent of job seekers in TANF found employment each month when their county's unemployment rate was 6 percent or higher, compared with 8.6 percent when the rate was below 6 percent. That reduction in employment occurred even though states continued to impose work

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requirements on most adult TANF recipients. About 36 percent of those recipients were exempted from the work requirements when the unemployment rate was 6 percent or higher. (When the rate was below 6 percent, about 31 percent of recipients were exempted.)

In addition, CBO found that TANF's work requirements probably reduced the average income of recipients during periods of high unemployment by halting cash payments to more families with little or no earnings. The percentage of spells ending because of work-requirement violations rose from 6 percent when the unemployment rate was below 6 percent to 18 percent when the unemployment rate was 6 percent or higher. Those violations reduced the extent to which additional cash payments offset the reduction in earnings from less employment. Families only received cash assistance for about one month longer, on average, when the unemployment rate was 6 percent or higher than when the unemployment rate was below 6 percent, even though job seekers in TANF took nine more months to find a job, on average, when the unemployment rate was higher, CBO estimates.

During periods of high unemployment, TANF's work requirements caused a large portion of the families leaving the program to have very low income. When the unemployment rate was 6 percent or higher. 18 percent of families leaving TANF were expelled for violating the work requirements, CBO found, and their average cash income was \$153 in the month after they lost benefits, which is less than 10 percent of the poverty threshold for a family of three. If SNAP benefits are included, average monthly income for those families rose to \$569. In contrast, when the unemployment rate was lower than 6 percent, the share of families leaving TANF that were expelled for violating the work requirement was 5 percent.

Effects of Work Requirements on Families With Young Children

Although states are allowed to exclude from the work standard single parents with a child under the age of one, about half of states choose to apply work requirements to some or all of those parents. CBO examined how expanding work requirements to those parents affected their employment and income by comparing trends in outcomes for families who were subject to the expansion with families who were not. CBO found that expanding work requirements to parents who entered TANF with a child younger than one increased their employment but had little effect on their income, on average.

Five of the 14 states that generally provided consistent measures
of spell length have inconsistencies in the data on employment.
Thus, this analysis is based on data from Alabama, Alaska,
Georgia, Indiana, Iowa, Louisiana, Minnesota, Oklahoma, and
Oreson.

^{4.} The data probably understate the number of families that stop receiving benefits because of the work requirement. Some families probably have their spell end because of the work requirement without the states knowing whether they are in violation of it. For example, families may not submit the documentation necessary to determine continued eligibility because they know that they do not meet the work requirement.

How CBO Analyzed the Effects of Work Requirements on Families With Young Children

To estimate the effects of work requirements on the employment and income of families with children younger than one year of age, CBO examined the recent experiences of TANF recipients in Alabama. In 2017, Alabama was one of 25 states that provided work-requirement exemptions to single parents whose youngest child was less than one year old. At the beginning of 2018, though, Alabama stopped providing exemptions to nearly all single parents who had a child between the ages of 6 months and 11 months. CBO used two approaches to examine the effects of that policy change on the employment and income of TANF recipients.

First, CBO examined the effects on families while they were in TANF and in the month after they left the program. To do that, the agency compared the employment and income of single parents who had a child between the ages of 6 months and 11 months in 2018 with the employment and income of single parents who had a child in that age range in 2017. The agency compared those changes in employment and income with changes in those outcomes among single parents whose youngest child was older to adjust for differences that were driven by other factors (such as economic conditions) instead of the expansion of the work requirement. That approach illustrates the effects of the expansion, but it does not fully capture the reduction in income from lost benefits because families remained in the sample for only one month after they stopped receiving cash payments. CBO thus used a second, more comprehensive, approach, which examined employment and income in the months after families left TANF as well as while they were in it.

Using that second approach, CBO estimated the effects of Alabama's work-requirement expansion over the year following families' entry into TANF in 2018. Whether a family was subject to the expansion of the work requirement was determined by the age of its youngest child when it entered TANF. Nearly all single parents with a child between the ages of 6 months and 11 months in 2018 were subject to the expansion, as were single parents with a child between the ages of zero and 5 months if they remained in the program after that child reached 6 months of age.

CBO compared the employment and income in 2017 and 2018 of families whose youngest child was not older than 11 months when the family entered TANF. For

families that were in TANF for less than a year, employment and income for the remainder of the year were set equal to their value in the month after those families left the program.5 As with the first approach, CBO compared the changes in employment and income among the parents of young children with those changes among the parents of older children in TANF. By examining changes in employment and income among single parents of older children, CBO intended to capture the effects of changes in economic conditions or policy changes other than the expansion of the work requirement.6

What CBO's Analysis Found

Using the first approach, CBO determined that Alabama's expansion of TANF's work requirements in 2018 increased the employment rate of single parents whose youngest child was between the ages of 6 months and 11 months by 11 percentage points during the months they were in the program (see Figure B-1). Employment rose because families started searching for work sooner and found jobs faster when subject to the work requirement.

Employment also rose among parents of children between the ages of 12 months and 16 months. That change appears to be the result of the expansion's having subjected some of those parents to work requirements for more months, because the employment rates differed only among parents who entered TANF before their youngest child turned 12 months old.

The rise in employment was probably the result of the work requirement and not other possibilities, such as changes in the sample studied, the presence of other policies (subsidized child care, for instance), or economic conditions. Specifically:

■ The employment rate at program exit stayed roughly the same from 2017 to 2018. That shows that the employment increase was not driven by nonworking

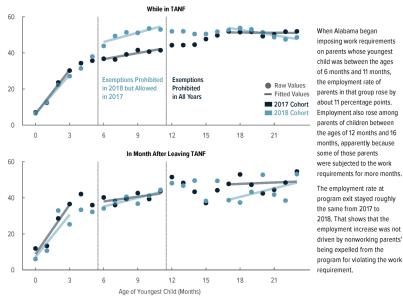
The analysis is unlikely to be sensitive to that imputation because a family's employment and earnings when it left the program tended to be similar in 2017 and 2018. Thus, allowing for reversion to the average employment rate or for earnings to grow with job experience would not substantially change the estimates of the effects on employment or earnings.

^{6.} That approach appears to capture differences in economic conditions because directly adding measures of economic conditions, such as the local unemployment rate, did not substantially change the estimated effects.

Figure R-1

Employment for Single Parents in Alabama's TANF Program, by Age of Youngest Child in Months and Whether the Family Could be Exempt From the Work Requirement

Percent



 ${\tt Data\ source: Department\ of\ Health\ and\ Human\ Services.\ See\ www.cbo.gov/publication/57702\#data.}$

The analysis is limited to the single-parent families that Alabama could include in the work standard.

TANF = Temporary Assistance for Needy Families.

6

 $\label{thm:power_fitted} \mbox{Fitted values give the trends in employment rates by the age of the youngest child.}$

Parents whose youngest child was 4 months or 5 months old are excluded from this analysis because they were occasionally subject to the work requirement in 2018. Parents whose youngest child was between 12 months and 16 months of age were likely to have been subjected to the work requirement for more months because of its expansion. Affected data are shown as stand-alone dots in this figure.

parents' being expelled from the program for violating the work requirement.

 The percentage of parents with a child between the ages of 6 months and 11 months who received subsidized child care increased by 10 percentage points, but that rise was the result of more employment, not the cause of it. In both 2017 and 2018, parents generally only received subsidized child care if they were working or searching for a job. The expansion of the work requirement does not appear to have changed their access to subsidies: Alabama gave subsidies to about 45 percent of parents who

were in the labor force and had a child between the ages of 6 months and 11 months both before and after the expansion. That indicates that the employment increase was not driven by an increase in subsidized child care.

• If the employment increase had been driven by changes in other policies or economic conditions, then employment would probably also have increased among single parents who were not subject to the expansion because their children were slightly older when they entered TANF. That did not happen, which shows that the employment increase was probably not driven by changes in other policies or economic conditions.

The expansion of the work requirement had countervailing effects on the average cash income of families with children between the ages of 6 months and 11 months. On the one hand, average cash income for families with young children rose while they were in the program because of additional earnings from more employment (see Figure B-2). On the other hand, earnings at program exit appear to have fallen slightly, and the expansion reduced the amount of cash assistance families received. TANF benefits decreased primarily because violations of the work requirement reduced the number of months that families remained in the program (see Figure B-3).7

The increases in employment among participants do not appear to stem from a reduction in the number of people (or a decrease in the number of less-skilled people) entering the program. If entry into the program had declined substantially, as it did after enactment of the Personal Responsibility and Work Opportunity Reconciliation Act, then unmeasured changes in employment and income among families who were deterred from entry might offset the increases experienced by participants. But the parents of children between the ages of 6 months and 11 months continued to account for about 21 percent of entrants in 2018 (see Figure B-4 on page 50). Even if entry did not decline for that group overall, a reduction in entry among less-skilled parents could have inflated the employment rate and average income. However, the expansion of the work requirement does not appear to have substantially decreased the frequency

with which parents who have little education entered the

Using the second approach, CBO found that TANF's work requirements increased employment over the year after families with young children entered the program. For single parents of children who were under one year of age upon entry into TANF, CBO estimates that the expansion of Alabama's work requirement increased their employment rate by 6 percentage points while they remained in TANF. Over the year after they entered the program, some of that initial increase in employment was offset by rates of employment that were similar for families after they left TANF; averaging those rates brings the estimated effect on the employment rate down to an increase of about 4 percentage points.

Also using the second approach, CBO found that TANF's work requirements might have increased the average cash income of families with young children over the year after they entered the program. But higher average earnings while in the program were partly offset by a reduction in cash payments because some people were in the program for a shorter time.

A Comparison of CBO's Findings **Under the Two Approaches**

The estimated effects on employment tend to be smaller under the second approach than under the first because the second approach concentrates less on the months in which families were subject to the expansion of the work requirement

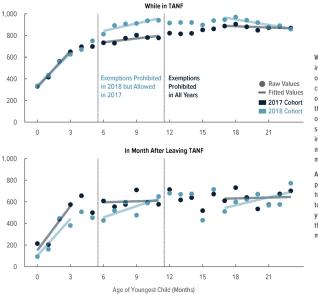
The first approach focuses on the period when families were directly subject to the expansion because they had a child between the ages of 6 months and 11 months. The second approach expands the examination to all months of assistance for any families that could be subject to the expansion for at least one month during their spell in the program. As a result, the number of months examined using the second approach was 137 percent higher than the number under the first approach. Although the increase in the employment rate was smaller for that broader group, the increase in the months of employment was larger-primarily because the employment rate rose among parents who had a child between the ages of 12 months and 16 months and who had been subject to the work requirement earlier as a result of the expansion.

^{7.} Most families who were expelled because of the work requirement were not employed at that time. That decrease in employment a exit was offset by higher employment among families that left the program for other reasons.

Figure B-2.

Cash Income for Single-Parent Families in Alabama's TANF Program, by Age of Youngest Child in Months and Whether the Family Could be Exempt From the Work Requirement

2019 Dollars



When Alabama began imposing work requirements on parents whose youngest child was between the ages of 6 months and 11 months, the average cash income of those families rose substantially while they were in the program because of additional earnings from more employment.

Average cash income at program exit appears to have fallen slightly from 2017 to 2018 for families whose youngest child was between the ages of 6 months and 11 months.

 ${\tt Data\ source: Department\ of\ Health\ and\ Human\ Services.\ See\ www.cbo.gov/publication/57702\#data.}$

The analysis is limited to the single-parent families that Alabama could include in the work standard.

TANF = Temporary Assistance for Needy Families.

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Fitted values give the trends in cash income by the age of the youngest child.

Parents whose youngest child was 4 months or 5 months old are excluded from this analysis because they were occasionally subject to the work requirement in 2018. Parents whose youngest child was between 12 months and 16 months of age were likely to have been subjected to the work requirement for more months because of its expansion. Affected data are shown as stand-alone dots in this figure.

A Comparison of CBO's Findings With Results of the AFDC Waiver Experiments

In the 1990s, a series of evaluations were conducted on waiver programs in Aid to Families With Dependent Children (AFDC). The results from those AFDC waiver experiments have remained a primary source of evidence

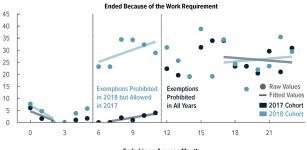
on the effects of work requirements.8 CBO's estimates of the effect of Alabama's work-requirement expansion on

Gayle Hamilton and others, National Evaluation of Welfareto-Work Strategies (submitted by Manpower Demonstration Research Corporation to the Department of Health and Human Services, December 2001), https://tinyurl.com/2p89s5ad.

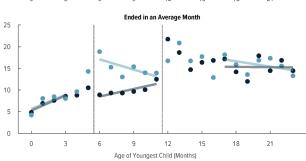
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Figure B-3.

Cash Assistance for Single-Parent Families in Alabama's TANF Program, by Age of Youngest Child in Months and Whether the Family Could be Exempt From the Work Requirement



When Alabama began imposing work requirements on parents whose youngest child was between the ages of 6 months and 11 months, violations of the work requirement became a far more common reason for those families to stop receiving cash assistance. The percentage of families that stopped receiving cash assistance in an average month also increased, which offset some of the increase in average cash income from more employment.



Data source: Department of Health and Human Services. See www.cbo.gov/publication/57702#data.

The analysis is limited to the single-parent families that Alabama could include in the work standard.

TANF = Temporary Assistance for Needy Families.

Fitted values give the trends in the termination of cash assistance by the age of the youngest child.

Parents whose voungest child was 4 months or 5 months old are excluded from this analysis because they were occasionally subject to the work requirement in 2018. Parents whose youngest child was between 12 months and 16 months of age were likely to have been subjected to the work requirement for more months because of its expansion. Affected data are shown as stand-alone dots in this figure.

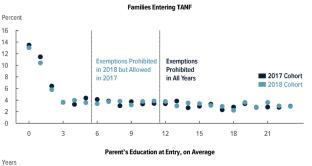
employment and income are similar to the results from the experimental evaluations once adjustments are made for differences in the way the requirements were expanded.

The experimental evaluations generally measured the effect of fully implemented work requirements by comparing income and employment for a group in which

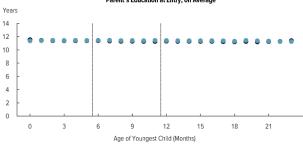
almost everyone was subject to the requirement and a group in which no one was. In contrast, the single parents who entered Alabama's TANF program with a child under the age of 6 months in 2018 were rarely subject to the requirement until their child reached 6 months of age. In addition, the single parents who entered the program with a child under the age of 12 months in 2017

Figure R-4

Entry Into Alabama's TANF Program Among Single-Parent Families, by Age of Youngest Child in Months and Whether the Family Could be Exempt From the Work Requirement



Work requirements can boost employment a mong TANF recipients by encouraging work or by deterring participation by people who are unlikely to find employment. The expansion of the work requirement in Alabama does not appear to have reduced the number of families entering TANF or their average level of education.



Data source: Department of Health and Human Services. See www.cbo.gov/publication/57702#data.

The analysis is limited to the single-parent families that Alabama could include in the work standard.

TANF = Temporary Assistance for Needy Families.

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Parents whose youngest child was 4 months or 5 months old are excluded from this analysis because they were occasionally subject to the work requirement in 2018. Parents whose youngest child was between 12 months and 16 months of age were likely to have been subjected to the work requirement for more months because of its expansion. Affected data are shown as stand-alone dots in this figure.

were typically subject to the requirement once their child reached 12 months of age. Among single parents who entered the program with a child under 12 months of age, the portion of months within a year that they were subject to the work requirement increased by 0.41 (or 5 months). That increase would have been more than twice as large (almost 12 months) if almost everyone was subject to the requirement in 2018 and no one was in 2017.

The estimate of the effect on employment from Alabama's work-requirement expansion is consistent with the estimate from the AFDC waiver experiments. CBO estimates that the employment rate increased by about 4 percentage points over the first year after single parents entered TANF in Alabama. Thus, full implementation of a work requirement in 2018 would have boosted employment by about 9 percentage points if the increase

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in employment had been proportional to the change in the percentage of single parents subject to the work requirement. The average of estimates from the AFDC waiver experiments that focused on labor force attachment was about 10 percentage points.

CBO found more evidence of an increase in families' average cash income from Alabama's work-requirement expansion than the evaluations of the AFDC waiver experiments found. Most of the difference in those

estimates can be explained by the larger gains in earnings for participants in Alabama's work-requirement expansion, and some can be explained by the smaller reduction in cash payments for those same participants. The reduction in cash assistance was smaller because Alabama provides smaller monthly cash payments than the programs in the AFDC waiver experiments provided. In contrast, the reduction in the number of months that cash assistance was received was larger in CBO's analysis than in the AFDC waiver experiments.

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About This Document

This report was prepared at the request of the Chairman of the House Committee on the Budget. In keeping with the Congressional Budget Office's mandate to provide objective, impartial analysis, the report makes no recommendations.

Justin Falk prepared the report with assistance from Julia Heinzel (formerly of CBO) and guidance from Joseph Kile, Xiaotong Niu, and Julie Topoleski. William Carrington (formerly of CBO), Molly Dahl, Elizabeth Cove Delisle, Kathleen FitzGerald, Jennifer Gray, Rebecca Heller, Nadia Karamcheva, Justin Latus, Susanne Mehlman, Alexandra Minicozzi, Shannon Mok, Robert Stewart, and Sree Yeluri offered comments on the draft. Elizabeth Ash fact-checked the report. Marianne Bitler of the University of California–Davis and Bruce Meyer of the University of Chicago commented on an earlier draft. The assistance of external reviewers implies no responsibility for the final product; that responsibility rests solely with CBO.

Jeffrey Kling and Robert Sunshine reviewed the report. Christine Bogusz edited it, and Jorge Salazar created the graphics and designed the cover. R. L. Rebach and Jorge Salazar prepared the report for publication. The report is available at www.cbo.gov/publication/57702.

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CBO seeks feedback to make its work as useful as possible. Please send any comments to communications@cbo.gov.

Phillip L. Swagel Director

June 2022

This hearing has also highlighted the various ways that more investments in children make them better off across the course of their lives. I ask unanimous consent to enter a letter from the Children's Budget Coalition into the record.

Without objection, so ordered.

We received a letter from over 1,000 law enforcement officers highlighting how important affordable high quality childcare and pre-K are to crime reduction. I ask unanimous consent to enter a letter from Council for a Strong America into the record.

Without objection, so ordered.

And I ask unanimous consent to enter a letter from Child Care Aware into the record.

Without objection, so ordered.

[Letters submitted for the record follows:]

THE CHILDREN'S BUDGET COALITION INVESTING IN THEIR FUTURE

July 19, 2022

The Honorable John Yarmuth Chair House Budget Committee Washington, DC. 20515 The Honorable Jason Smith Ranking Member House Budget Committee Washington, DC 20515

Dear Chairman Yarmuth and Ranking Member Smith:

As members of the Children's Budget Coalition, comprised of over 80 child and family organizations who collectively advocate for children to be a priority in federal budget decisions, we thank you for your leadership on holding this important hearing to discuss the many and profound benefits of investing in our children's future. We appreciate the opportunity to submit this group letter for inclusion in the official hearing record. We share below the growing and unique needs of children and highlight the impressive body of evidence demonstrating that we know what works to support our children's healthy development and overall well-being and how to tackle the stubbomly high rates of child poverty in this country. We strongly urge you to prioritize children in your decision-making, and look forward to continue working with you and being a resource for your staff and you.

Growing Challenges for Our Children and Need for Increased Investments

Our children are facing some of the most challenging times seen in our nation's history. America's historically high rate of child poverty and significant racial poverty gap are among the most pressing of these challenges and are the root cause of so many of the obstacles to success faced by too many of our nation's children and grandchildren. As families struggle to recover from the pandemic, its economic chaos, and continued rising costs of raising children, please remember that every aspect of children's lives has been disrupted by the pandemic, and for the poorest children and families among us, this has been particularly true.

Even before the public health and economic crises, kids were faring poorly and the federal investment in programs and services benefitting them was declining. According to analysis in First Focus on Children's annual Children's Budget book 2021, after two decades of a decreasing share of federal spending on children, it took a public health emergency to push the share of federal spending on children to 11% — a historic high after a record low share of 7.6% for kids in FY2020. In preliminary analysis by First Focus of the 2022 budget, spending trends on children are reverting to pre-pandemic levels. Returning to a downward spending trend is deeply troubling, especially as the needs of our children and youth continue to grow and many of the investments and policy improvements authorized in the American Rescue Plan Act (ARPA) to benefit them have expired and seem in jeopardy of inclusion in any economic reconciliation package this congressional session.

We Know Investments in Our Children Work

Our kids desperately need our attention and support and tradeoffs that leave them behind despite a growing body of evidence that the ARPA provisions worked to benefit kids is unfair and unwise. Disinvestment in our

children will lead to negative consequences for their healthy development and well-being, our economic competitiveness and our society as a whole. Covid-19 investments and policy improvements authorized in the ARPA covered numerous areas of concern, and combined, turned around the extremely troubling downward spending trend on children. Emergency pandemic aid from the ARPA and other pandemic legislation provided increased food benefits, economic impact payments, housing support, child care investments, education resources, tax improvements, and other child-centered initiatives. All together these additional resources and policy improvements achieved historic levels of well-being for U.S. children. The ARPA investments and policy changes are projected to significantly decrease child poverty, cutting it by 56% – already we have seen a substantial drop in child poverty in 2021. Unfortunately, with the expiration of programs like the improved Child Tax Credit (CTC), child poverty has spiked -- the January expiration of the improved Child Tax Credit alone has plunged nearly 4 million children back into poverty, including 1.3 million Hispanic children and over 660,000 Black children.

The Covid-19 aid also reduced food insufficiency in households with children by seven percentage points and provided our education system with increased resources to better the nation's schools, tackle the learning gap, shrink the digital divide, and support teachers and other school officials on the frontlines addressing the unprecedented challenges and tragedies our country's children and young people are facing. Yet children were still the poorest group in the nation in 2020 and our country continues to experience significant racial and economic disparities. Now we see food insecurity has increased by 12% in households with children and experts predict that students in high-poverty districts with much more remote learning will lose ground academically, widening measures of our nation's racial and economic achievement gaps.

Analysts from Poverty Solutions at the University of Michigan have found that <u>federal pandemic assistance</u> <u>helped close the persistent gap in material hardship for U.S. families with children</u> and that the advances stuck even in the face of rising inflation.

Poverty Itself Causes Negative Child Outcomes

According to the <u>landmark 2019 National Academies of Science</u>, <u>Engineering</u>, and <u>Medicine (NASEM)</u> study, *A Roadmap to Reduce Child Poverty*, poverty itself causes negative child outcomes, especially when it starts in early childhood or persists through the early part of the child's life. A child who grows up in poverty is far less likely to perform as well as their classmates in school, more likely to experience negative physical and mental health consequences, more likely to have food insecurity, more vulnerable to homelessness, and more likely to be subjected to violence, abuse, and neglect.

The NASEM report also points out that there is no one policy change to end child poverty, but instead we need a host of policy improvements and increased investments to provide for basic needs such as food, housing, child care, healthcare, education, foster care and other supports to enable our children's healthy development and ability to reach their full potential. Our lessons learned during the pandemic confirm the need for increased investments in our children and a comprehensive policy approach to ensure every child has what they need to grow up healthy and safe.

Historically the United States has experienced higher levels of child poverty than other wealthy nations because we have failed to properly invest in our nation's children and families. Children have been the poorest

individuals in our society, especially young children who are undergoing critical stages of brain development. Black, Hispanic, American Indian/Alaska Native, and Native Hawaiian and Pacific Islander children all experience significantly higher levels of poverty than their white peers due to the racism ingrained in so many of our country's systems and institutions.

The good news is that we know what works to reduce child poverty. The NASEM study put forward an evidence-based policy agenda that, if prioritized and implemented by our nation's lawmakers, would cut our child poverty rate in half within a decade. It assessed investments in a broad range of programs and policies including child care, housing, nutrition, worker training, minimum wage, tax code changes and more. It pointed to a child allowance, operating as an extension of the Child Tax Credit, as the most powerful tool we have to combat child poverty and narrow the racial poverty gap. Extensive research shows when households with children receive cash transfers, they spend it on resources that support their children's healthy development, improving their physical and behavioral health and educational outcomes, and leading them to earn more as adults. We saw that recently with the improved monthly CTC payments as households overwhelmingly used them to put food on the table, pay bills or purchase essential school supplies. Increased household income also relieves parental stress, giving parents more time and mental energy for their children. The National Academy of Sciences confirms that reducing child poverty not only has direct implications for individual children's healthy development and future success, but also has a significant return on investment for our economy.

American People Support Investments in Our Children

The American people understand the importance of investing in our children and grandchildren. Recent polling of likely voters by the Lake Research Partners found that by over a 6-1 margin, Americans think we are investing too little on addressing child poverty and are very concerned that children are the poorest group in our nation. By 86% concerned (61% strongly) to 12% not concerned margin, voters are worried by the 2019 landmark National Academy of Sciences, Engineering, and Medicine (NASEM) study analysis that estimated "child poverty costs our society up to \$1.1 trillion a year due to higher crime, poor health outcomes, and lower income levels when children living in poverty grow up." We know that investing in our children makes good economic sense as researchers from Columbia University project that a child allowance program will pay massive dividends – estimating benefits to society at more than eight times the initial costs.

Comprehensive Approach for Investing in All Our Nation's Kids

Funding for programs that benefit children is disproportionately discretionary, temporary, capped, lacking builting growth and without dedicated revenue. The annual investments come from a wide array of federal programs that exist in the jurisdiction of multiple appropriations subcommittees, but work together to support and protect our nation's children. We appreciate the increased funding for a number of programs critically important to the health, safety and well-being of children included in the FY2022 omnibus. Now, we are deeply concerned that the FY2023 spending decisions will shortchange children as many competing initiatives and interests loom large. We urge you to work together to ensure that our children's diverse and complex needs are met through a comprehensive budget approach — both discretionary and mandatory — that results in robust investments and offers innovative solutions and delivery of services as households with children remain the hardest hit by the pandemic and its economic fallout.

Recently, we asked the House and Senate Appropriations leadership to prioritize children in the Fiscal Year 2023 annual spending process and specifically:

- Increase topline spending for non-defense discretionary (NDD) spending in FY2023 over FY2022.
- Provide robust allocations for four subcommittees with jurisdiction over nearly 99% of childrelated programs and services:
 - 1. Labor, Health and Human Services, Education and Related Agencies
 - 2. Agriculture, Rural Development, FDA and Related Agencies
 - 3. Transportation, Housing and Urban Development and Related Agencies
 - 4. Commerce, Justice, Science, and Related Agencies
- Provide funding for the VA Medical Care program outside the topline NDD number estimated by the Biden Administration to require more than a twenty percent increase for FY 2023 – to allow for other vital funding increases.

Impacts of Covid-19 on Kids

The negative and alarming impacts Covid-19 and its economic fallout have had on children are **not behind us**, and in fact our children's pressing needs are right in front of us and intensifying (data current as of June 2022):

- 13 million: The number of U.S. children who have contracted childhood COVID.
- 19 %: The amount of all COVID-19 cases that are in children despite early misconceptions that children don't get COVID.
- 1,484: Number of children who have died in the United States with childhood COVID.
- 251,000: The amount of children who have lost a caregiver due to COVID-19.
- 3,936: The number of known Covid-19 cases for youth in juvenile facilities as of March 31.
- 16.9 million: The number of <u>U.S. children under 5</u> who have not yet received their first Covid-19 vaccine dose.
- 13: Where COVID-19 ranks among the top 15 causes of death in U.S. children.
- 6.7 million: Number of children expected to lose health coverage in the United States when the Public Health Emergency ends.
- 100%: The CDC finds that child body mass index rates nearly doubled during the COVID-19 pandemic, putting more kids at risk for poor health.
- 3.7 million: The number of <u>U.S. children who slid back into poverty</u> when improvements to the child tax credit expired.
- 1-in-6: The number of U.S. children who experienced <u>food insecurity</u> last year.
- 10.4%: The youth unemployment rate (ages 16-19) for May 2022 compared to a 3.6% overall
 unemployment rate.
- 25%: One in four teachers was considering quitting at the end of the 2020-21 school year, according to a RAND survey.
- 44%: Number of public schools reported having at least one teaching vacancy as of January 2022.
- 51%: Number of those vacancies accounted for by resignations.
- 11.7%: Percent of jobs in the child care sector, made up overwhelmingly of women and
 disproportionately women of color, that have been lost since the start of the COVID-19 pandemic.
- 18%: <u>Preschool enrollment decline</u>, the first decrease in preschool enrollment in two decades.
- 29%: Percent of 4-year-olds and 5% of 3-year-olds were enrolled in preschool, a substantial decrease from pre-pandemic levels, erasing a decade of growth in preschool enrollment.
- 11%: Percent of eligible infants and toddlers who were served by Early Head Start.
- 15%: Percent of the 12.8 million children federally eligible for child care subsidies who received them.
- 24.6 million: the number of school-age children who want to attend an afterschool program but don't
 have access to a program nearby.
- 31%: Percentage increase in mental health-related emergency room visits in the U.S. by 12-17-year-olds in 2020.

- 2: Where <u>suicide ranks</u> among the top causes of death in the United States for individuals between the ages of 10-24.
- 0: The number of states that meet the recommended ratio of one social worker for every 250 students.
- 2: The number of states that have a school nurse in every building as recommended by the <u>National Association of School Nurses</u> and the <u>American Academy of Pediatrics</u>.
- 4,000+: The number of <u>students served by a single school psychologist</u> in West Virginia, Missouri, Texas, Alaska, and Georgia.
- 3 million: The number of marginalized K-12 students those with disabilities, experiencing homelessness, in foster care or who are migrants — who stopped attending school.
- 9.6 million: Number of children enrolled in public or private school who had no contact with teachers in the last 7 days from March 30-April 11.
- 16 million: Number of K-12 students who did not have adequate Internet connectivity to teach and learn from home in 2020.
- 3.3 million: estimated number of homes with children less than 6 years of age
 have one or more lead based paint hazards; this includes 2.1 million low income households (<
 \$35,000/yr).
- 22%: Percentage of U.S. households with children who are behind on rent.
- 3 Million: Number of households with children or roughly 14% of those reporting who are not at all
 confident they can pay next month's rent.
- 36%: Percent of households with children reported being very likely or somewhat likely to leave their
 current home in the next two months due to evictions.
- 20%: The estimated percent of young adults who experience the <u>child welfare system become homeless</u> the moment they are emancipated at the age of 18.
- 50%: The estimated homeless population who spent time in foster care.
- 44%: The percentage of nunaway or homeless youth who had stayed in jail, prison, or juvenile detention
 centers.
- 40%: Percent of the households with children responding who found it very or somewhat difficult to
 pay for usual household expenses in the last 7 days.
- Black, Hispanic, Indigenous and other children of color in the United States are far more likely to contract childhood COVID, be hospitalized, lose a caregiver to the disease, suffer economic consequences, and endure other pandemic fallout than their white counterparts:
 - 65%: Percentage of U.S. children who lost a caregiver to COVID who belong to racial and ethnic minorities.
 - 2x: The likelihood of <u>Black or Hispanic children losing a caregiver</u> to COVID, v. white children.
 - 4.5x: The likelihood of <u>American Indian/Alaska Native children losing a caregiver</u> to COVID, v. white children.
 - 29%: Percentage of <u>Black renters with children who are behind on rent</u>, v. 22% for all U.S. renters with children.
 - o 3x: The rate of <u>food insecurity among Black and Hispanic</u> households v. white households.
 - 70%: The percentage of total <u>U.S. MISC cases that occurred in children who are Black or</u> Hispanic.
- 5.4%: The net undercount of young children (ages birth to 4) in the 2020 Census, the highest rate since tracking began in the 1950 census. The recent release of Demographic Analysis data shows that the net undercount of young children in 2020 was even larger than in 2010, and young Hispanic and Black children were missed at more than double the rate of White children. Census data is used to allocate \$1.5 trillion a year, affecting numerous programs benefitting kids.

Again, we appreciate your leadership in holding this important hearing to help elevate children's issues as the hardships of the pandemic continue to be strongest for families with children who were already struggling to

meet financial obligations, with communities of color bearing the brunt of this hardship. We urge you to keep the unique and pressing needs of children at the forefront and in your roll on the Budget Committee fight to ensure children and youth are a priority as Congress makes its regular, annual budget decisions.

Every child deserves to have the opportunity, knowledge, skills, and ability to meet the challenges in an everchanging world and succeed individually and as future decision-makers in our society. We look forward to working with you to forge a path for our children that addresses their best interests and provides them with the access to resources so very critical to their every day and long-term well-being, healthy development, and economic security.

Sincerely,

Afterschool Alliance

American Academy of Pediatrics

American Federation of Teachers

Association of Children's Residential & Community Services (ACRC)

Boys & Girls Clubs of America

Children's Health Fund

Children's Hospital Association

Child Welfare League of America (CWLA)

Early Care and Education Consortium

Family Centered Treatment Foundation

The Family Focused Treatment Association

First Focus Campaign for Children

Foster Success

Futures Without Violence

Healthy Teen Network

John Burton Advocates for Youth

National Association for Family, School, and Community Engagement (NAFSCE)

National Association of Pediatric Nurse Practitioners

National Association of School Nurses

National Diaper Bank Network

National Respite Coalition

National WIC Association

Organizations Concerned About Rural Education

Prevent Blindness

Prevent Child Abuse America

Public Advocacy for Kids (PAK)

Rhode Island KIDS COUNT

Save the Children

Schoolhouse Connection

School Nutrition Association

Sycamores

Voices for Vermont's Children Voice for Adoption YMCA of the USA Youth Villages ZERO TO THREE



June 6, 2022

Dear Members of the 117th Congress,

As you are well aware, crime has been on the rise across the nation over the past two years of the pandemic. Concurrently, a recent MIT study of the Boston preschool program reflects the reality that a lack of early educational opportunities can be a root cause of criminality, finding that preschool enrollees were less likely to have been incarcerated in a juvenile facility during high school, compared to non-enrollees.¹

On behalf of the more than 5,000 police chiefs, sheriffs and prosecutors who are members of Fight Crime: Invest in Kids, and who support solutions to reduce crime and support healthy child and youth development, we call on Congress to prioritize funding for existing early childhood care and education (ECE), like pre-k programs. We call on Congress to invest in preschool and child care programs across the country, so that more children, particularly those from families with low-incomes, are prepared to learn and succeed when they begin kindergarten.

Specifically, we request prioritizing quality improvement funds to be allocated within **Head Start**, **Child Care Development Block Grants (CCDBG)**, and **Preschool Development Grants**. As law enforcement leaders, we know first-hand the wisdom of investing in early interventions. We also understand how interconnected the child care and pre-k systems are in facilitating successful futures. Many preschool programs are delivered within community- and home-based child care programs. Many child care programs rely on the tuition they receive from families of preschoolers to counterbalance the higher cost of infant-and-toddler care. Therefore, a holistic approach to the ECE system that emphasizes quality is essential.

Children who attend high-quality ECE are more likely to arrive at kindergarten ready to learn, with enhanced early math, language, and literacy skills. They are also less likely to be held back in school or to need special education, and more likely to be proficient in reading and math and to have an increased probability of graduating from high school.

As law enforcement leaders, we strive to keep our communities safe. Congress acting to invest in early childhood education and urging federal agencies to provide flexible guidance and strategies will help us achieve the goal of providing interventions proven to reduce juvenile crime, create safe communities, and forge a strong, productive nation.

Respectfully,

¹ Gray-Lobe, G., Pathak, P., & Walters, C. (2021, May). The long-term effects of universal preschool in Boston. https://blueprint-Labs-Discussion-Paper-2021.4-Gray-Lobe-Pathak-and-Walters.pdf



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Westbrook Police Department

Larry Hesseltine

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Sumrall Police Department Tunica County Sheriff's Office Waveland Police Department

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 Atchison County Sheriff's
 Audrain County Prosecutor's
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Sheriff Sheriff

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Boys Town Police Department Buffalo County Sheriff's Cass County Sheriff's Office Office

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Matthew Kunz Chief of Police Jackson Township Police Department

Joseph Mandola Chief of Police Old Bridge Township Police

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NEW MEXICO Manuel Gonzales III Sheriff

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NEW YORK

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Chatham Township Police Department Joseph Flatley

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Adan Mendoza Sheriff

Santa Fe County Sheriff's Office

Lonnie Sandoval

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 Chief of Police
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Jeffrey Leonard Robert Fyock

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July 20, 2022

The Honorable John Yarmuth, Chair Committee on the Budget U.S. House of Representatives Washington, DC 20515

The Honorable Jason Smith, Ranking Member Committee on the Budget U.S. House of Representatives Washington, DC 20515

Dear Chair Yarmuth and Ranking Member Smith,

Thank you for the opportunity to submit this letter for the record regarding the House Committee on the Budget's hearing, "Examining the Powerful Impact of Investments in Early Childhood for Children, Families, and Our Nation's Economy." Child Care Aware® of America (CCAoA) writes in strong support of federal investments in child care and early learning as a means to support children and families and invest in our nation's economy. For too many families child care is an unaffordable expense, and for too many child care deucators wages are insufficient to remain out of poverty. At a moment when Americans are struggling to get by amid the worst inflation in decades, a federal investment in child care would address the largest financial burden facing millions of families and set more children up for educational and developmental success in their lives.

The child care system continues to face serious challenges as communities continue to respond to the COVID-19 pandemic. Program closures persist, in part because it remains difficult to recruit and retain workers. Parents are struggling to afford child care and return to the workforce. In February 2022, women were still short over 1.4 million net jobs compared to February 2020—meaning women account for 68.5 percent of the net job loss since February 2020.¹ Although the pandemic shone a spotlight on both the dire state of child care in our country and how vital it is to our economy; the child care industry was already in crisis. When COVID-19 was layered onto the already fragile child care system, it shattered. It is long past time for us to take action and invest the necessary resources in child care and early learning. CCAoA is calling on Congress to do so urgently.

CCAoA is a national membership-based nonprofit organization working to advance a high-quality, affordable child care system that supports children's growth, development, and early education. Founded in 1987, we advocate for child care policies that improve the lives of children and families, lead research that advances the child care and early learning field, leverage technology to help families make informed decisions about child care and provide professional development for child care providers. We work with a national network of more than 400 child care resource and referral (CCR&Rs) agencies and other partners to ensure that all families have access to quality, affordable child care.

In February 2022, CCAoA released our latest research report, *Demanding Change: Repairing our Child Care System*, which includes information about the supply, demand, and affordability challenges the child care system faces. We know from our research, that for many families, child care costs consume a large portion of their income. In 2020, the national annual average price of child care was \$9,800 to \$10,200.² When compared to the national median income for married couples with children under 18, it would take more than 10% of household income to cover the child care price for one child. For a single parent, the average price of child care would be 35% of household income. In three out of four regions of the U.S., the annual price of center-based child care for an infant exceeds the cost of housing. In all four regions, the annual price of child care exceeds the annual cost of instate tuition at a public -four-year university. The high cost of child care has long been a barrier for work for millions of families, resulting in \$57 billion- of lost earnings, productivity, and revenue for the U.S. economy.³

In addition to how unaffordable child care is, it is also inaccessible. As *Demanding Change* explains, CCAoA's annual survey results showed that **nearly 16,000 child care providers**, **including 8,900 child** care **centers and 7,000 licensed family child care programs**, **permanently closed from December 2019 to March 2021**, **in the 37 states for which data was available.** As a result, far too many families still do not have access to high-quality-child care. Almost half of parents with children under age six searched for care in the past two years and two—thirds of this group enrolled their child in a new program. When they have difficulty finding such providers, they cite cost as the primary reason, followed by lack of slots and then location.

Additionally, child care professionals continue to leave the field and they may not return. Without adequate staffing, child care programs cannot accommodate the number of children that they previously could. Years of low wages and lack of benefits, followed by layoffs due to COVID-19, have resulted in severe staffing shortages for child care programs. In May 2021, child care professionals in a center were earning an average of \$12.40 or \$25,790 annually.⁵

American Rescue Plan (ARP) Act funds are currently flowing to states to provide relief to providers and families. States are using these funds to expand eligibility for state subsidy programs, make changes to the ways it reimburses providers, and support the child care workforce through increased compensation, trainings, and technical assistance. While this funding has helped the child care industry stay afloat, an impending relief funding cliff will again exacerbate our nation's ongoing and long-standing child care crisis.

Federal investments in child care and early learning are critical to our nation's economic success, ensuring that child care programs survive in the long term and parents can return to work. Families and child care providers cannot wait any longer for this critical support. Child Care Aware® of America urges Congress to invest in America's children and families by investing in child care and early learning.

Sincerely,

Lynette M. Fraga, Ph.D.

Chief Executive Officer

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¹Tucker, J. & Vogtman, J. (2022), Resilient But Not Recovered. Notional Women's Law Center. https://nwic.org/wp-content/uploads/2022/03/FINAL-RWILC-Resilient-But-Not-Recovered-3-29-22 pdf
² Child Care Aware* of America (2022). Demanding Change: Repairing our Child Care System. https://www.childcareaware.org/demanding-change-repairing-our-child-care-system/
³ Bishop-Josef, S., Beakey, C., Watson, S. & Garrett, T. (2019). Want to Grow the Economy? Fix the Child Care Crisis. Ready Nation. <a href="https://tompairins.sa.amaronaws.com/documents/60/28/abb2275-ce07-4d/4-bcee-ff61/84/abbd.pdf/1547054863&inline:%20flename=%22Wants/20to%20tom%20the%20Economy?%20Fix%20the%20Child%20Care%20Crisis.pdf%22

[.]pdf%22

4 Child Care Aware* of America (2022). Demanding Change: Repairing our Child Care System. https://www.childcareaware.org/demanding-

^{**}Child Care Aware** of Allerena (EUZE). Victionaming samples: "spenning of the Company of the C

So with that, I thank the witnesses again for their responses. Thank you, Speaker Gingrich, for joining us remotely.

And without any further business, this hearing is adjourned.

[Whereupon, at 12:48 p.m., the Committee was adjourned.]

Rep. Seth Moulton Question for the Record

Dr. Black, can you explain the impact that lead in drinking water has on child development? What are the long-term impacts of ingesting lead and can WIC play a role in mitigating those impacts?

Response to question for the record:

The Impact of Lead Exposure on Children's Health and Development and WIC's Role in the Prevention of Lead Absorption

History

Lead is a soft and malleable metal with a relatively low melting point that has been used in manufacturing for centuries. Lead was often included in paint prior to 1978 when the federal government banned consumer use of lead-based paint due to the negative health consequences. In 1975, unleaded gasoline was universally available and in 1996, leaded gasoline was banned for use in new vehicles. Lead is used to prevent corrosion in pipes, in soldering electric equipment, and contained in lead-acid batteries.

Consequences of Lead Exposure

The negative health consequences of high doses of lead have been known since the early use of lead, and widely recognized since the late 19th century. In 1979, Herbert Needleman, a pediatrician and child psychiatrist documented the dangers of even the lowest forms of lead exposure to children. Lead is a neurotoxin that accumulates in soft tissues and bones; it damages the nervous system and interferes with the function of biological enzymes, causing neurological disorders ranging from behavioral problems to brain damage, and also affects general health, cardiovascular, and renal systems.

Lead Exposure and Children

Lead is particularly toxic to children under age 6 years when children's nervous system is developing rapidly and lead is easily absorbed. Infants and toddlers are particularly vulnerable to lead ingestion due to their propensity to crawl on the floor and to put their hands, toys, and other objects into their mouth. Primary sources of lead exposure come from chipped and peeling lead-based paint in buildings built before 1978; water from lead pipes (as occurred in Flint and elsewhere); soil near airports, highways, or factories; some imported toys, jewelry, or candy; and some hobbies and jobs.

Lead exposure must be measured by a blood test (finger prick or venous blood draw) because there are no obvious physical symptoms of lead exposure. The American Academy of Pediatrics recommends that children receive a blood draw to screen for lead exposure at 9-12 months and again at 2 years. **There is no safe blood lead level in children**. Even low levels of lead in the blood can cause **developmental delays**, **difficulty learning**, **behavioral issues**, **and neurological damage**. Lead exposure can affect nearly every system in a child's body and the effects can be permanent and disabling.

WIC and Prevention of Lead Absorption

At enrollment, WIC screens for children's blood lead testing status by asking caregivers. If the child has not received a lead test, WIC refers the child to a program where a blood lead test can be conducted, with the cost typically borne by Medicaid or another funding source. Medicaid requires that children be screened for lead exposure. WIC is not authorized to do a blood test to screen for lead. WIC provides nutrition education and counseling to caregivers of children with lead exposure. All WIC-participating children receive the diet that the Academy of Nutrition and Dietetics recommends to prevent or reduce lead absorption, which is high in calcium, ¹ iron, ² and vitamin C³.

The National WIC Association supports the current pattern of Medicaid reimbursement for lead testing and encourages collaboration among WIC and local and state health departments and housing authorities. Although the WIC-provided diet reduces lead absorption, environmental mitigation is needed to prevent lead exposure.

¹ Calcium sources: Milk and milk products, such as yogurt and cheese, Calcium-fortified foods and beverages, such as soy milk, tofu and some breakfast cereals, Green leafy vegetables, including kale and turnip, mustard and collard greens, Canned salmon and sardines

² Iron sources: Lean red meats, Iron-fortified cereals, bread and pasta, Beans and lentils, Cooked spinach and potatoes

³ Vitamin C sources: Citrus fruits, such as oranges and grapefruit, other fruit: kiwi, strawberries and melon, Broccoli, Peppers

Prevention

Childhood lead poisoning is the most preventable environmental disease of young children. Approximately half a million U.S. children ages 1-5 have blood lead levels above the blood lead value at which Centers for Disease Control and Prevention (CDC) recommends public health actions be initiated. The CDC and the American Academy of Pediatrics have been very focused on the prevention of lead exposure. Critical environmental protection practices include checking the home for lead hazards including lead-based paint for homes built before1978; asking the local water authority to test the water for lead; regularly washing floors, windowsills, and other surfaces using wet methods; regularly washing the child's hands, toys, and pacifiers; and removing soil from shoes before entering the home.

The goal of CDC's Childhood Lead Poisoning Prevention Program is to prevent childhood lead exposure before any harm occurs. CDC supports state and local public health departments with funds for surveillance and prevention of lead exposure. National Lead Poisoning Prevention Week occurs every year during the last full week in October. Many states and communities offer free blood lead testing and hold education and awareness events.

Bibliography

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- Academy for Nutrition and Dietetics. How to Fight Lead Exposure with Nutrition https://www.eatright.org/health/wellness/preventing-illness/how-to-fight-lead-exposure-with-nutrition

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